



Date: _____

Name: _____

Request for student file paperwork.

In checking your child's student file, we found the following items missing, expired or due to expire. To bring the file into compliance, please submit the document(s) indicated below to me as soon as possible. Failure to have all paperwork in your child's file, can result in dismissal per Dept. of Children and Families' rules. Thank you for your help in bringing the file up to date.

_____ Admission Papers (enclosed)

_____ Birth Certificate Copy

_____ Immunization Record (CFS 680)

_____ Physical (CFS 3040)

_____ Paperwork To Be Notarized (enclosed)

_____ Other _____

Notes: _____

Please note if immunization and/or physical forms are not turned in within 30 days of the first attendance or by the expiration date above, your child may not attend the Academy until the paperwork is received in my office.

Your prompt attention will be greatly appreciated!

Carolyn L. Haley
Director of Operations

APPLICATION FOR ADMISSION

Student information

Student's **Legal** Name in Full: _____

Last

First

Middle

Address _____

Number and street

city/state

zip

Birth Date ____/____/____ _____ **Male** _____ **Female** _____ **Birthplace**
 Month Day Year

Student Lives With _____ **Father** _____ **Mother** _____ **Stepfather**
 _____ **Stepmother** _____ **Other (specify)** _____

Family information:

Father's name: _____	Mother's Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Email Address: _____	Email Address: _____
Cell Phone #: _____	Cell Phone #: _____
Home Phone: _____	Home Phone: _____
_____ Married _____ Divorced _____ Widowed _____ Separated _____ Single	

Brothers and Sisters in Family	Age	Grade	School Attending
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

PARENT QUESTIONNAIRE

What prompted you to apply for enrollment at Crosswater Christian Academy?

CHURCH AFFILIATION

Name of Church _____

Are you members? _____ Yes _____ No

Do your children attend _____ Church _____ Children's program?

In case of Emergency, Contact: (If Parents cannot be reached)

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

Child's Physician: _____ Phone: _____

Persons permitted to remove child:

Mother _____ yes _____ No

In the case of divorced parents:

Parent with legal custody :

Father _____ yes _____ No

_____ Mother _____ Father

we must have court papers on file to support custody agreements

Other persons authorized by the parents or guardian to take the child from the facility: (if different from above). If none, indicate, "None".

Name and address	Phone	Relationship
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Name and address	Phone	Relationship
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*Special instructions regarding eating habits, toilet training or other areas of concern:

NOTICE:

Please return application/s, along with the registration form and fee for each child that you desire to enroll in Crosswater Christian Academy. Student and book fees are due upon registration. All required notarized papers, birth certificates, immunization, physical and enrollment packets are due before your child enters school.

GENERAL INFORMATION

CHILD'S LEGAL NAME _____ NICKNAME _____

Does your child seem to be more ___ Left or ___ Right handed ?

Circle the contagious diseases your child has had:

MEASLES MUMPS CHICKEN POX SCARLET FEVER WHOOPING COUGH

What fears does your child have and how have you dealt with them? _____

Does your child take a nap? Yes or No

What are your child's eating habits?

Does he/she have any allergies? Yes or No (if so please list them)

How do you discipline your child?

Circle behavioral habits : Nail biting, Finger sucking, Biting, Temper Tantrums, Other:

How do you work with your child regarding this?

Do you read to him/her? ___ What are his/her favorite books and stories?

Do you have any learning/academic concerns?

Any other concerns?



Parent Info

The purpose of this application is to provide a life-source file for the teachers and students of Crosswater Christian Academy. The information from this file will aid in the expansion of teaching options and give a variety of learning experiences to challenge the continuing growth of the students. We feel that parental involvement is a vital part of the Christian child's experience. Paternal input and involvement is an important resource for this program.

Thank you for your time in filling out this application and volunteering to further the education of the students and broaden their world.

Name _____ **Date** _____

Address _____

Phone _____ **work** _____ **cell** _____ **Age** _____

Employment: Present _____

Past _____

Education: _____

Life changing experiences:

Special Hobbies:

Travel Experiences:

Volunteer Experiences:

Other: _____

_____ Field trip chaperone _____ Chapel Speaker _____ Volunteer (special projects, aide, parties)

CONSENT FOR TREATMENT

I, hereby constitute and appoint Crosswater Christian Academy my true and lawful attorney, for the purpose of authorizing medical treatment and the performance of any procedure determined to be necessary after consultation with emergency or family physician on my child. Crosswater Christian Academy does not carry accident insurance for each child. It is the responsibility of the parent to carry insurance for their own child.

**Required to be filled out.*

*Child's Name _____ *Birth date _____

*Allergies _____

*Family Physician _____

*Phone _____

Address _____

*Medical Insurance Carrier _____

*Policy # _____

*SIGNED _____

(Mother, Father, Legal Guardian)

*State of Florida, County of _____

*The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

* _____

Official Signature Of Notary

*Name of Notary - Typed Printed or Stamped



At Crosswater Christian Academy, we consider your child's safety and the safety of our staff our highest priority, therefore it is critical that we know who is entering our building at all times. When you put in your code and release the door magnet, you are noted as the person who is entering the building and it is your responsibility to maintain the integrity of the door lock.

Parents must use the outer keypad to access the building at all times. The desk keypad is no longer available to code in.

Please do not allow anyone else to enter with you. Each parent must enter their code to unlock the door.

This is especially important if you do not know the person at the door with you.

Please sign below that you have read and agree to abide by the above entry requirements.

MOTHER

FATHER

-or-

GUARDIAN

DATE



FOOD RELATED PRESCHOOL ACTIVITIES PERMISSION SLIP

Date

Please check the appropriate statement for your child below.

Child's Name

Class

_____ My child **DOES NOT** have a food allergy or dietary restriction and has my permission to participate in food related activities.

_____ My child **DOES** have a food allergy or dietary restriction. He/she may participate in food related activities, but may not eat or handle the following items:

_____ My child **DOES** have a food allergy or dietary restriction. (List below)

He/She **MAY NOT** participate in food related activities

Parent's signature



**I have read the brochure on Influenza
The Flu, A Guide To Parents.**

Signature _____ Date _____

Section 65c-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOUR CHILD CARE CENTER".

Section 65C-22.005(4)(c)2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



Parent acknowledgement

Student Name (please print) _____

Address _____

Phone # _____

This parent handbook was created to promote an understanding of the policies and procedures at Crosswater Christian Academy.

The information in this parent handbook applies to all activities occurring on the school grounds and during any school related activity. It is important that students and parents are familiar with these expectations.

Please remove the following page, sign it, and return it to your child's teachers. It will be added to your child's personal file in the front office. Your signature means that you have received this Parent Handbook and understand the policies and procedures of Crosswater Christian Academy.

This is a REQUIRED document that MUST be on file before your child attends the academy.

I have read and understand the policies and procedures in the CCA Parent Handbook. I agree to abide by them as will my child/children.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

