

Office Use only

Date		Check #	Amount \$	
Registration fee \$	per student	Check #	Amount \$	
Sonbeams Supply Fee		Check #	Amount \$	
Book Order Fee		Check #	Amount \$	

Kentucky Christian Academy 2014-2015 Registration Form

Section 1: GENERAL INFORMATION

We will enroll the following child(ren) for 2014-2015:

(8 – 11:30) (7:30-5:30) (School Calendar) (Year Round)

STUDENT NAME	DOB	GRADE	Part Time PreK or Sonbeam	Full Time PreK or Sonbeam	Option #1 (36 Weeks)	Option #2 (50 Weeks)

Father/Guardian: _____ Cell Phone: _____

Mother/Guardian: _____ Cell Phone: _____

Address: _____
Street
City
State
Zip Code

Home Phone: _____ E-mail address: _____
(list more than one if applies)

Father/Guardian: Employer _____ Phone: _____

Mother/Guardian: Employer _____ Phone: _____

** Please place an asterisk next to the phone number you would like to have as your primary contact.

Section 2: MEDICAL INFORMATION

MEDICAL TREATMENT

This form gives my legal consent for treatment of my child (ren). I understand, by law, no child enrolled in the Sonbeam or Preschool program can be administered any medication by any KCA personnel. I also understand the school, doctor, or hospital will make every effort to contact me if my child (ren) in any grades requires medical treatment, but will not delay treatment. I do hereby state that I am the parent or legal guardian of the minor(s) named on this form. I consent to any necessary examination of any minor(s); anesthetic, medical or surgical and/or hospital care to be rendered to minor(s) named on this form under the supervision and on the advice of a duly licensed physician, surgeon, or dentist during the period of my absence.

Local Physician: _____ Phone: _____

Local Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Permission is given to KCA to administer to my child(ren), as listed above, one dose per day (as needed) of the following pain relievers: Tums/Antacid and/or Tylenol Ibuprofen

I want to be contacted before KCA administers any of the above medications to my child(ren), as listed above.

If any child listed on this form is required to take medications during the school day or has a medical condition, please complete a separate MEDICAL CONDITION AND INSTRUCTION FORM (copies available in the office).

Parent Signature: _____
(rev.2/4/14)

Section 3: EMERGENCY CONTACTS

When I/we are unable to be reached in the event of a medical emergency, please contact: (2 phone numbers per contact):

NAME	RELATIONSHIP	PHONE
		Cell: Daytime:
		Cell: Daytime:

Section 4: TRANSPORTATION AUTHORIZATION

My child(ren) may ride with the following persons:

NAME	PHONE	VEHICLE DESCRIPTION
	Cell: Home:	
	Cell: Home:	
	Cell: Home:	

Contact the School office each time someone not listed will pick up your child(ren).

Section 5: AGREEMENTS

- I/We have reviewed and are in agreement as a family with the Statement of Faith.
- I/We agree to the support of teachers' efforts to educate our child(ren).
- I/We agree to abide by the standards of student dress and conduct, to follow the biblical pattern for handling of grievances, and to the faithful fulfillment of our financial obligations to the school.
- I/We also agree to abide by all policies and procedures contained in the Student Handbook and Financial Policies.
- I/We also agree to abide by the nutritional guidelines set forth by the State.

Section 6: DISCLAIMERS

Kentucky Christian Academy offers no assurances and makes no guarantees regarding scholastic achievement of any student enrolled in its academic programs. KCA reserves the right to change its policies without prior notice to families.

Section 8: SIGNATURES

In signing below, I qualify the statements made herein and authorize the actions and activities described herein.

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Non-Custodial Parent*: _____ Date: _____

*Signature of non-custodial parent is required when he/she assumes responsibility for any part of the expenses incurred in enrolling this child or children at Kentucky Christian Academy.