



REGISTRATION PACKET STUDENT APPLICATION

SCHOOL YEAR 2010-2011

STUDENT INFORMATION

Student Name _____
Date of Birth _____
Student Physical Address _____
City, State Zip _____
Social Security Number _____

Grade _____
Gender _____
Home Phone _____
Student Lives with: _____
(state relationship)

School District of Residence _____
Township of Residence _____

District Bussing? Yes No

PARENT INFORMATION

Father Name _____
Employer _____
Business Address _____
City, State Zip _____
Email _____
Marital Status: Married Widowed Divorced Separated Remarried Single

Occupation _____
Business Phone _____
Cell Phone _____

Yes, include me in school emails.

Mother Name _____
Employer _____
Business Address _____
City, State Zip _____
Email _____
Marital Status: Married Widowed Divorced Separated Remarried Single

Business Phone _____
Cell Phone _____
Occupation _____

Yes, include me in school emails.

Name of Parent not Living with Student _____
Home Address _____
City, State Zip _____

OFFICE USE ONLY

Date Received: _____
Applying for Grade: _____
Class Assigned: _____
CUM Request: _____
Registration Fee Paid: _____
Application Complete: _____
Scholarship: _____
Admission Y/N Sent: _____

EMERGENCY CLOSING

Snow delays will effect the extended care opening hours (a two-hour delay will result in an 8:30 am opening). The extended care program is not available when there is an early dismissal unless otherwise notified by the school administration. CCA understands the challenges parents may face in picking up their children for early dismissals. Therefore, staff will be available to supervise students until parents are able to arrive. However, please make arrangements for pick up as early as possible. Students that regularly ride the bus will be placed on the bus during early dismissals.

1412 HOLLY PIKE | CARLISLE, PA 17015
P: 717.249.3692 | F: 717.240.0644
WWW.CARLISLECHRISTIAN.ORG



REGISTRATION PACKET PARENT AUTHORIZATIONS

SCHOOL YEAR 2010-2011

STUDENT RELEASE

List the individuals to whom your student may be released if CCA is unable to contact you. These individuals should be locally available and able to transport students. All changes to this list must be sent to CCA in writing with a parent signature. CCA will ask to see identification prior to releasing any student to anyone other than a parent.

Name _____
Primary Phone _____

Relationship _____
Alternate Phone _____

Name _____
Primary Phone _____

Relationship _____
Alternate Phone _____

Name _____
Primary Phone _____

Relationship _____
Alternate Phone _____

MEDICAL AUTHORIZATION

By signing below, we hereby authorize Carlisle Christian Academy to **administer Tylenol and basic over-the-counter medications to our child if necessary.** If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parents or guardian authorizes a representative of CCA to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary. We have also reviewed the policies in the Student Handbook related to Health Services including section 7.3.G titled "Nut/Peanut Allergens."

Parent Signature _____ Date _____ Parent Signature _____ Date _____

TRAVEL, TRIP AND ACTIVITY PERMIT

By signing below, we give permission for our child to participate in all school activities, including sports and school-sponsored trips away from the school premises. We absolve Carlisle Christian Academy from all liability to us or our child due to any injury resulting from any school activity, event or trip.

Parent Signature _____ Date _____ Parent Signature _____ Date _____

STUDENT HANDBOOK, MISSIONS STATEMENT & PROGRAM BOOKLET

We have reviewed copies of the Student Handbook, the CCA Mission Statement and Program Booklet. We understand that the rules and guidelines set forth in these booklets have been established for the enhancement of this school and the nurturing of our students. We agree to abide by these rules and guidelines. If a situation would arise in question, we agree to follow the policy set forth in the Student Handbook in Section 1.6.D.

Parent Signature _____ Date _____ Parent Signature _____ Date _____

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