

COMITE CHRISTIAN ACADEMY

A Ministry of Comite Baptist Church

FORM 1-A
Revised 8/08

— ENROLLMENT FORM —

TO PARENTS AND GUARDIANS:

The following information is needed for the school records and is being asked for in a way to insure accuracy. By drawing a line through a space or writing "NONE" in spaces not relating to you, we know you have not omitted anything.

—OFFICE USE ONLY—

Date rec'd: _____

Entrance Date: _____

Class Assignment: _____

Application

Immunization Records

Copy of Birth Certificate

Registration Paid

Book Fee Paid

Check #: _____

Amount: _____

DATE of Application: _____

— STUDENT INFORMATION —

Child's Full Name: _____
Last First Middle

Boy Girl **Child's Social Security #:** _____ - _____ - _____ **Date of Birth:** ____/____/____

With whom does child reside? _____ **Phone #:** _____

Current Address: _____
Street City State Zip

Grade:: Nursery: _____ Preschool: _____ Academy: _____

Days and hours my child will attend:

_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Drop Off Time _____ Pick Up Time

School Last Attended: _____
Name Address City State Zip

Is child living with both parents? YES NO

— TUITION PAYMENT —

Person responsible for tuition payments: _____

Address: _____
Street City State Zip

Signature of person responsible for payments: _____

Comite Christian Academy

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— EMERGENCY INFORMATION —

Student's Name: _____

• **Allergies:** (Please list any allergies to foods, medicine, drugs, insect bites, etc.)

• **Special Medications:** _____

• **May your child have Tylenol?** Yes No **Dosage:** _____

• **Medical conditions that we may need to know about:** _____

• **Persons to be called in case of an EMERGENCY:** (*other than parents*)

Name: _____ Phone #: _____ Cell #: _____ D.L. #: _____

Name: _____ Phone #: _____ Cell #: _____ D.L. #: _____

Name: _____ Phone #: _____ Cell #: _____ D.L. #: _____

• **Health Care Information:**

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Health Insurance Company: _____ Group #: _____

Name of Policy Holder: _____ Policy #: _____

In case of an emergency, do we have permission to take your child to a qualified medical doctor, dentist, or hospital if necessary? YES NO

The undersigned, as the parent(s) of _____ do hereby consent to any medical/surgical treatments, anesthesia, and operations which may be deemed advisable by any qualified medical doctor selected by the agents of Comite Christian Academy. The intention hereof is to grant authority to administer and to perform all and any singularly examinations, treatments, operations, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by any qualified medical doctor.

Parent's Signature

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