

Registration Form #1

(Pages 1-2)

Northwoods Christian Academy REGISTRATION FORM for the School Year _____ - _____

Name _____ Grade to enter _____ * Transportation
Present Age: _____ Birthday: ____/____/____ Gender: Male _____ Female _____ *Bus _____ AM _____ PM
Home Phone: _____ Parents email: _____ *Students drives to and from
Cell#(Father): _____ Cell#(Mother): _____ School: _____
Father's Name: _____ Employer: _____ Work Phone: _____
Mother's Name: _____ Employer: _____ Work Phone: _____
Student lives with: Both Parents _____ Mother _____ Father _____ Other _____
Student's Physician: _____ Phone: _____
Student's Dentist: _____ Phone: _____
Physical difficulties or medical concerns: _____
Adults to contact in an emergency if parents/guardians can't be reached: Name(s) _____
Phone # _____ Relationship: _____
Names & grades of other siblings attending NCA: _____
Church you now attend: _____ Pastor's name: _____

Permission to Dispense Medication

I give my permission for the teachers at Northwoods Christian Academy to give my child over-the-counter medications of:

_____ Ibuprofen/Motrin Student's current weight: _____
_____ Tylenol/Acetaminophen
_____ Antacids Additional comments about restrictions, allergies, etc. _____
_____ Other: _____

in appropriate doses and intervals as needed. I understand that I will be called if my child requires medication before 11:00 AM to prevent double dosages. This agreement is based on the understanding that, in every case, I will be notified by phone about the time, dosage and type of medication given during the day.

Permission to post pictures of Student on Social Media

I give my permission for pictures of my child to be used for promoting Northwoods Christian Academy.

Parents Signature: _____ Date: _____

Name of Student: _____

Immunizations (or attach form) include dates:

Dtap or Tdap _____

IPV _____

HIB _____

PCV _____

Hep A _____

Hep B _____

Varicella _____

MMR _____

Rotavirus _____

HPV _____

Meningitis _____

Other (include TB tests) _____

Physical Exam

Height (in) _____ Percentile _____ Weight (lbs.) _____ Percentile _____

Blood pressure _____/_____ (rt) _____/_____ (left)

Visual Acuity _____/_____ (os) _____/_____ (od) _____/_____