

Student's Name \_\_\_\_\_ Age as of Sept. 1, 2018 \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Email \_\_\_\_\_

Grade Entering \_\_\_\_\_ School Year \_\_\_\_\_ 2018-19 \_\_\_\_\_

# ***Pre-K 3 & Pre-K 4***

Office Information:

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_

Registration fee paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_ Registration Fee (MUST ACCOMPANY REGISTRATION FORMS) - \$200.00

\_\_\_\_ Birth Certificate (NEW STUDENTS ONLY)

\_\_\_\_ Copy of Parent's Current Driver's License\*\*

\_\_\_\_ Immunization Record

\_\_\_\_ Authorization and Consent/Child Release

\_\_\_\_ Student Handbook Acknowledgement

\_\_\_\_ Allergy Information

\_\_\_\_ Student Insurance

\_\_\_\_ Website Release

\*\*New Requirement

Students will be registered in the following order:

- Priority Registration for Currently Enrolled Calvary Students - Feb. 5
- Siblings of Currently Enrolled Calvary Students - Feb. 20
- Open House - February 27
- Open Registration - February 28

# CALVARY CHRISTIAN SCHOOL

1815 N. 7<sup>th</sup> St Harlingen, Texas 78550

(956) 425-1882 (956) 412-0324 fax

Preschool (956) 425-1425

[www.calvaryharlingen.org](http://www.calvaryharlingen.org)

## STUDENT'S INFORMATION

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name student prefers to be called: \_\_\_\_\_

Age as of 9/01/18: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Email Monthly Statement - YES OR NO

Student's Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Student lives with:  Both Parents  Father  Mother  Guardian

Father's Name/ Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

(Mr., Dr., etc.)

Father's Mailing Address (if different from student): \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Other Numbers: \_\_\_\_\_

Mother's Name/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

(Mrs., Miss, Ms., Dr., etc.)

Mother's Mailing Address (if different from student): \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Other Numbers: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed  Remarried  Single

Friend/ Relative to call in case of illness: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Brother(s) and/or Sister(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

I hereby authorize that my child may be released to the following people:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Member: Yes / No Active: Yes / No

I understand that in the event of an accident or injury to my child, school personnel will attempt to contact me as soon as possible. It is for this reason all phone numbers and information must be updated and correct. If I or the person I have listed cannot be reached, I hereby give my consent for Calvary Christian School to arrange for medical treatment. I understand that I will be financially responsible for any medical treatment or service given to my child.

Hospital of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child take prescription medication on a regular basis? Yes (please list) No  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other health problems? \_\_\_\_\_

Special Instructions \_\_\_\_\_

I, the undersigned, have given correct and complete information on the requested answers, and I agree to inform Calvary Christian School if the status of any of the above items changes during the current school term.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Calvary Christian School does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of educational policies, admission policies, or athletic and other school administered programs.

I have read the 2018- 2019 Parent / Student handbook, as posted online at [www.calvaryharlingen.org](http://www.calvaryharlingen.org), and I understand and will abide by the policies and procedures.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# CALVARY CHRISTIAN SCHOOL

## Child's Allergy Information

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergen:

Symptom:

Treatment:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If treatments require medication administration, it will be necessary to have medication authorization paperwork and the physician's signature must be in place as required.

Does child need Epi-pen-----YES / NO

\_\_\_\_\_  
Physician's Signature (if an epi-pen is required)

\_\_\_\_\_  
Date

Further Emergency Response  
Procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional  
Information/ Instructions \_\_\_\_\_

\_\_\_\_\_ I know of no known food allergy at this time, no dietary  
adjustments needed

I understand that Calvary Christian School requires the most up-to-date information regarding my child's allergy. I also understand that for the safety of my child, all allergy information will be given to all persons caring for my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## STUDENT INSURANCE

Dear Parents,

Calvary Christian School does NOT carry medical insurance for students injured on school premises, under school jurisdiction, or while participating in school-sponsored, extra-curricular activities. Accidental injuries do occur; therefore, the school has arranged voluntary student accident insurance through Student Assurance Services, Inc.

Calvary Christian School assumes no legal responsibility for providing medical insurance. For your protection we offer voluntary student accident coverage.

\_\_\_\_\_ Please send home a student accident insurance application envelope.  
(sent home in August)

\_\_\_\_\_ I DO NOT want student accident insurance.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## WEBSITE RELEASE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

To inform the family of Calvary Christian School, Calvary Baptist Church, and the surrounding community, your child's work, name, or picture may be posted on the website. We anticipate utilizing activity and ministry pictures featuring our students, facility, and staff. Your help in the process will be greatly appreciated.

We realize that anyone with internet access will be able to view these pages. We are concerned about privacy and safety of the students. We ask for permission for your child's work to be published on Calvary Christian's website. If you are not comfortable with this, we will honor your request not to publish your child's picture or work.

\_\_\_\_\_ My child's work, name, or pictures may be published on Calvary  
Christian School's and /or Calvary Baptist Church's webpage.

\_\_\_\_\_ Please do not electronically display my child's work, name, or picture.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**CALVARY CHRISTIAN EARLY CHILDHOOD CENTER  
AUTHORIZATION AND CONSENT/CHILD RELEASE**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child,\_\_\_\_\_. If I cannot be reached, I understand that the emergency contacts below will be called. However, I authorize Calvary ECC to call an ambulance to transport my child to a hospital and to secure for my child the necessary medical treatment. I understand the staff of the ECC is trained in the basics of first aid and CPR and I authorize them to give my child first aid.

Child's Health Insurance Provider:\_\_\_\_\_

Name of Insured:\_\_\_\_\_ Policy Number:\_\_\_\_\_

To ensure a child's safety, Calvary ECC will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by parent/guardian.

By signing this form, I understand Calvary ECC will not release my child to any person unless I notify the Center in advance, following the guidelines below:

- If the person picking up my child is NOT listed on this form, I must notify the center verbally or in writing.
- Photo identification will be required of any person picking up my child.

Child's Name:\_\_\_\_\_

Date of Birth:\_\_\_\_\_

1. Name:\_\_\_\_\_

Relation:\_\_\_\_\_

Phone #:\_\_\_\_\_

2. Name:\_\_\_\_\_

Relation:\_\_\_\_\_

Phone #:\_\_\_\_\_

3. Name:\_\_\_\_\_

Relation:\_\_\_\_\_

Phone #:\_\_\_\_\_

4. Name:\_\_\_\_\_

Relation:\_\_\_\_\_

Phone #:\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date