



CALLAHAN CHRISTIAN ACADEMY

Student's Full Name _____

Student's Nickname _____

Student's Date of Birth _____

Does the student have any allergies? _____ If yes, please list and complete the allergy care plan. _____

Parent or Guardian Contact Information:

1st Parent or Guardian First & Last Name _____

Relationship to Student _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer, Work Hours (if applicable) _____

Work Address (if applicable) _____

Work Phone (if applicable) _____

2nd Parent or Guardian First & Last Name _____

Relationship to Student _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer, Work Hours (if applicable) _____

Work Address (if applicable) _____

Work Phone (if applicable) _____

Emergency Contact Information (People authorized to pick up your child in an emergency)

Name _____ Phone _____

Relationship to Student _____

Name _____ Phone _____

Relationship to Student _____

Name _____ Phone _____

Relationship to Student _____

Non-Emergency Contact Information (People authorized to pick up your child)

Name _____ Phone _____

Relationship to Student _____

Name _____ Phone _____

Relationship to Student _____

Medical Contact Information

Insurance Provider _____

Policy Number _____

Child's Medical Provider _____

Phone Number _____

Emergency Care Facility _____

Parent or Guardian Authorizations:

My student may be taken on field trips or excursions in Karina Callahan's van, as well as on neighborhood walking excursions under required supervision. Yes ___ No ___

My student may bring and apply their own sunscreen, if necessary, under adult supervision. Yes ___ No ___

My student may be photographed and/or recorded for publicity or news purposes.

On-site: Yes ___ No ___ Off-site: Yes ___ No ___

My student may participate in Christian events, including special occasions when food or treats are being served. Yes ___ No ___

I have reviewed a copy of this facility's current license certificate. Yes ___ No ___

I have received a written copy of the Callahan Christian Academy school policies. Yes ___ No ___

In an emergency, Karina Callahan or the staff at Callahan Christian Academy have my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent(s) or guardian(s) of the child will be notified as soon as possible.

Parent Signature _____ Date _____

Student General Information:

Likes _____

Dislikes _____

Student's Home Language _____

Does your student have any special academic needs or an IEP? Yes _____ No _____

If yes, please list. _____

How does your student like to be comforted? _____

Does your student have any chronic health issues or specific care needs?
Yes _____ No _____ If yes, please list below and complete a written care plan.

Does your student regularly need medication, or have medications prescribed for continuous, long-term use? Yes _____ No _____ If yes, please list below, and the reason they are needed. _____

Other Children in the Home

Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____

This form needs to be reviewed and/or updated at least annually. Please sign and date any time it is reviewed and/or updated. Thank you!

Date _____ Parent Signature _____

Date _____ Parent Signature _____

Date _____ Parent Signature _____

Date _____ Parent Signature _____

Date _____ Parent Signature _____

Date _____ Parent Signature _____

Date _____ Parent Signature _____