

**Cross & Crown School**

**Application Form**

**2007 - 2008 School Year**

4276 Chamblee-Dunwoody Road, Chamblee, GA 30341 (770) 458-5274

Website: [crossandcrownschool.org](http://crossandcrownschool.org) Email: [school@crossandcrownschool.org](mailto:school@crossandcrownschool.org)

\*\*\*\*\*

Home Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Email Address \_\_\_\_\_ Father email \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Age \_\_\_\_\_

Father: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Occupation) (Business Phone)

Address (if different from child) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Cell Phone)

Mother: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Occupation) (Business Phone)

Address (if different from child) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Cell Phone)

Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Other \_\_\_\_\_

Child's Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

**Special area of parents' expertise or interest that might be helpful to our school:**

\_\_\_\_\_

Names of Brothers & Sisters	Birth Date	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**In case of emergency, please notify:**

\_\_\_\_\_ Phone ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Child may be released to the following person/s:**

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\*\*\*\*Registration fee must accompany application (this fee is non-refundable) \$ 185.00\*\*\*\*

The information on the following pages is for Cross & Crown School files only. It will remain confidential and will not be given out to any individual or organization.

Student Name: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Current Church/Religious Affiliation : religion / denomination \_\_\_\_\_

name of local worshipping community \_\_\_\_\_

Parents' Drivers' License copied and attached Mother  Father

Current Immunization Certificate [Georgia Form 3231 required by State Law]

Birth Certificate (required for all incoming K-5)

\*\*\*\*\*

**Parental Agreement with Cross & School**

I/we, \_\_\_\_\_, have received a copy of the Cross & Crown  
(PRINT NAME)

School Parent-Student Handbook and agree to the policies and procedures contained therein. I/we further acknowledge that it is my/our responsibility to pay my/our child's tuition and fees by the first day of each month (late charges to be added after the fifth) and extended day fees weekly or as stated in the Cross & Crown Parents' Handbook. Failure to do so will result in dismissal of my child and any necessary legal action. I agree to pay the first and last month's tuition prior to the start of the school year and understand that I am responsible for tuition for the entire school year unless otherwise agreed to by Cross & Crown School, such agreement being given to me in writing. Failure to do so will result in dismissal of my child from school and legal action necessary to recover said tuition and fees. I acknowledge it is my responsibility to keep my and my child's records current to reflect any significant changes as they occur; i.e., telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc. Cross & Crown school agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which pertain to my child. I agree that the last month's tuition and the registration fee are non-refundable.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE DATE

\*\*\*\*\*

\_\_\_\_\_ Fifth Grade \_\_\_\_\_ Four (by 9/1/07) Teacher \_\_\_\_\_  
\_\_\_\_\_ Fourth Grade \_\_\_\_\_ Three (by 9/1/07) Teacher \_\_\_\_\_  
\_\_\_\_\_ Third Grade \_\_\_\_\_  
\_\_\_\_\_ Second Grade \_\_\_\_\_ Two Year (3 days) (Two by 9/1/07)  
\_\_\_\_\_ First Grade (Six by 9/1/07) \_\_\_\_\_ Two Year (5 days) (Two by 9/1/07)  
\_\_\_\_\_ Kindergarten (Five by 9/1/07) \_\_\_\_\_

Registration paid \$ \_\_\_\_\_ (Check \_\_\_ Cash \_\_\_ Charge \_\_\_) Date \_\_\_\_\_

May 2008 tuition paid \$ \_\_\_\_\_ (Check \_\_\_ Cash \_\_\_ Charge \_\_\_) Date \_\_\_\_\_

Tuition paid \$ \_\_\_\_\_ for \_\_\_\_\_ (month/s) (Check \_\_\_ Cash \_\_\_ Charge \_\_\_) Date \_\_\_\_\_

Fees paid \$ \_\_\_\_\_ for \_\_\_\_\_ (Check \_\_\_ Cash \_\_\_ Charge \_\_\_) Date \_\_\_\_\_

**Child's Medical Information**

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

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child have allergies or other physical problems, learning disabilities or development delays which might limit the child's participation in our program and activities?

(i.e., allergies **including food allergies**, diabetes, epilepsy, etc.) ( ) Yes ( ) No

If YES, please specify:

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

If child is allergic to bee or other insect stings/bites, do you authorize School personnel to administer eppi pin or Benedryl in an emergency? Eppi Pin Yes \_\_\_\_\_(parent initial) Benedryl Yes \_\_\_\_\_ (initial)

**(EPPI PINS MUST BE SUPPLIED BY PARENTS IF AUTHORIZED.)**

Cross & Crown School will not administer non-emergency medical procedures. I hereby release Cross & Crown from liability that may be incurred due to administration of eppi pin or Benedryl or other emergency procedure. I also release Cross & Crown from any liability for harm resulting from exposure to allergens or contagions.

Are there any special procedures required in caring for your child? ( ) Yes ( ) No

If YES, please specify (attach separate sheet if necessary):

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

\*\*\*\*\*

**MEDICAL RELEASE**

I hereby give my permission to the staff and administration of Cross & Crown School and Extended Day program to seek and provide medical and/or dental care for my child named above if in their judgment this becomes necessary while my child is in the care of Cross & Crown School and/or Extended Day program and I cannot be reached to make this decision myself. If hospitalization seems to be necessary, I request that my child be transported to (provide name)

\_\_\_\_\_ hospital. If unable to contact parents, family physician or above-designated hospital, I give my permission for my child to be transported to Children's Health Care of Atlanta at Scottish Rite Hospital. I further understand that the primary means of transportation to a medical facility is by emergency medical services if this is necessary. I/we agree to assume all responsibility and expense, including transportation, incurred in the handling of such an emergency.

**Only prescription medication will be dispensed by Cross & Crown School personnel (see Handbook for particulars).**

Any **prescription** medication taken daily? (i.e. Insulin, Ritalin) \_\_\_\_\_.

**PARENT MUST FILL OUT AND SIGN PRESCRIPTION MEDICATION AND DISPENSING INFORMATION FORM. AS PER THE HANDBOOK, A CHILD WITH A FEVER SHOULD NOT BE IN SCHOOL. HENCE, THE SCHOOL DOES NOT DISPENSE OTHER THAN PRESCRIPTION MEDICATION. SEE HANDBOOK FOR DETAILS.**

Signed: \_\_\_\_\_  
**(PARENT/LEGAL GUARDIAN) (DATE)**

Signed: \_\_\_\_\_  
**(PARENT/LEGAL GUARDIAN) (DATE)**

**NUTRITIONAL INFORMATION**

Elementary students and children attending the Extended Day Program will bring a nutritional lunch from home. The lunch must meet the guidelines established by the USDA. These guidelines are posted on the parents' information board in the Extended Day Building. Milk or 100% fruit juice will be provided by Cross & Crown to Extended Day children. A nutritional snack and drink will be provided after 3:00 p.m. A mid-morning snack will be provided during Preschool/Elementary hours by the parents. Parents should not send candy, chewing gum or other non-nutritional items with students. To avoid classroom disruption, parents are encouraged to send their child's lunch with them to school in the morning each day as necessary.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**PARENT/GUARDIAN INFORMATION**

Who has legal custody?     Both         Father         Mother         Other \_\_\_\_\_  
Students resides with:     Both         Father         Mother         Other \_\_\_\_\_  
Responsible for tuition:     Both         Father         Mother         Other \_\_\_\_\_

**Upon acceptance, a copy of the custodial agreement (if applicable) must be submitted to the school office along with the deposit.**

Father employer: \_\_\_\_\_ address: \_\_\_\_\_

email at work: \_\_\_\_\_

Mother employer: \_\_\_\_\_ address: \_\_\_\_\_

email at work: \_\_\_\_\_