

Cross & Crown School

Application Form

2008 - 2009 School Year

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

Website: crossandcrownschool.org Email: school@crossandcrownschool.org

Home Telephone Number: _____ Today's Date: _____

Mother's Email Address _____ Father's email _____

Student's Name: _____ Male _____ Female _____

Address: _____ Date of Birth: _____

City & Zip: _____ Age Today _____

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:

<u>Names of Brothers & Sisters</u>	<u>Birth Date</u>	<u>Grade</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, please notify:

_____ Phone () _____ Phone: () _____

_____ Phone () _____ Phone: () _____

Child may be released to the following person/s:

Name _____ address: _____

Phone: () _____ Relationship: _____

Name _____ address: _____

Phone: () _____ Relationship: _____

Name _____ address: _____

Phone: () _____ Relationship: _____

****Registration fee must accompany application (this fee is non-refundable) \$ 200.00****

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 Benedryl in an emergency? (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.

Signature) (Date) (Parent

PARENT/GUARDIAN INFORMATION

Who has legal custody? Both Father Mother Other _____
Student(s) 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: _____