Community Christian Academy
Preschool & Childcare

4706 Park Center Ave NE Lacey, WA 98516
(360) 493-2223 ~ http://www.olympiachristianschool.org/preschool/

STUDENT INFORMATION

Date: _____ **Date of Birth:** _____/_____/_____ ☐ **Male** ☐ **Female**

Student's Name: _____
Last First M.I.

Home address: _____
Street City State Zip

Home phone: (_____) _____ Best Daytime Phone: (_____) _____

Family Email Address: _____

Student's home address above is also the address of:

☐ Father ☐ Stepfather ☐ Other: _____

Name _____

Employer: _____

Occupation/Title: _____

Work # _____ Cell #: _____

Email Address: _____

☐ Mother ☐ Stepmother ☐ Other: _____

Name _____

Employer: _____

Occupation/Title: _____

Work # _____ Cell #: _____

Email Address: _____

Please list individuals who are authorized to pick up your child. Photo ID must be presented at time of pick up. The name listed much match the ID. At least one name besides parents is required.

Name (First/Last)	Relationship to child	Phone number

Siblings _____ Attends CCA (Y/N) _____ Grade _____

Siblings _____ Attends CCA (Y/N) _____ Grade _____

Siblings _____ Attends CCA (Y/N) _____ Grade _____

* Please attach an additional sheet if necessary.

Is this your child's first school experience? □ ***Yes*** □ ***No***

List all child care/schools applicant attended:

Name of School	City/State	Reason for Leaving

Is there a restraining order in effect? □ Yes □ No *WA SSID#:* *Restraining order is against* □ Mother □ Father □ Other _____	*If yes, plan must be on file with the school.*
Is there a parenting plan in effect? □ Yes □ No *WA SSID#:*	*If yes, plan must be on file with the school.*

	Physician's Name	Office Phone Number	Name of Insurance Company	Group and/or Policy #
Physician				

Please list any allergies your child may have or medications that your child is taking. *(Attach additional sheet if necessary.)*

Allergy / Medication	Details

Family or Student Concerns: _____

_____

_____

Please list the person responsible for payment of tuition and fees:

_____ _____ _____ _____

Name Relationship Address City Zip Phone

Emergency Contacts: List three names and addresses to contact in case of emergency:

_____ _____ _____ _____ _____

Name Relationship Address Home Phone Other Phone

_____ _____ _____ _____ _____

Name Relationship Address Home Phone Other Phone

_____ _____ _____ _____ _____

Name Relationship Address Home Phone Other Phone

Verification of Information: The information on this form is true and accurate as of this date.

_____ _____

Father's Name (or Legal Guardian) Signature Date Mother's Name (or Legal Guardian) Signature Date