

*Office Use*  
 \_\_\_\_\_ BSC Enrollment Paid  
 \_\_\_\_\_ ASC Enrollment Paid  
 \_\_\_\_\_ Check # \_\_\_\_\_ Cash

## COTTAGE HILL CHRISTIAN ACADEMY

*Enlightening Minds-Enriching Hearts-Extending Hands*

4255 Cottage Hill Road

Mobile, Alabama 36609

(251) 660-2427 phone ~ (251) 660-0558 fax

### 2011-2012 BEFORE AND AFTER-SCHOOL CARE ENROLLMENT INFORMATION

(Check all that apply) \_\_\_\_\_ Before School Care \_\_\_\_\_ After School Care

If Registering for Before School Care, list estimated time expected for morning arrival. \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name Used: \_\_\_\_\_ Gender: M / F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

#### I. FAMILY INFORMATION

Name of Parents/Guardians: \_\_\_\_\_

Current Address: \_\_\_\_\_

(Street Address)

(P.O. Box)

(City)

(State)

(Zip Code)

(Home Phone)

Name of each brother and/or sister and the name of the school each attends: \_\_\_\_\_

Applicant lives with: *(check all that apply)*

- Father                       Stepfather                       Other  
 Mother                         Stepmother                       Other

Check any that apply to applicant:

- Father is deceased             Parents are divorced  
 Mother is deceased            Parents are separated

#### CONTACT INFORMATION

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**II. MEDICAL INFORMATION**

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

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

Private Insurance Company: \_\_\_\_\_ Member/Group #: \_\_\_\_\_

Physical difficulties: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Additional information that would be helpful to teachers and staff: \_\_\_\_\_

**III. EMERGENCY CONTACT INFORMATION**

1<sup>st</sup> person to contact in case of illness or an emergency: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

2<sup>nd</sup> person to contact in case of illness or an emergency: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

Emergency contacts if parents cannot be reached: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

Permission is granted for \_\_\_\_\_

(Student)

(Date of Birth)

to receive appropriate medical care in case of an emergency and I will assume responsibility for payment of physician's or hospital care.

\_\_\_\_\_  
(Signature of Parent or Guardian)

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