

HEALTH INFORMATION

Student's Name: _____ Birthdate: _____

Student's Doctor: _____ Phone #: _____
Address: _____ City _____ Zip _____

Hospital Preference: _____ Phone #: _____
Address: _____ City _____ Zip _____

Student's Dentist: _____ Phone #: _____
Address: _____ City _____ Zip _____

EMERGENCY CONTACT'S (If both parents are NOT AVAILABLE the following people will be called in an emergency)
PLEASE WRITE IN "CALL" ORDER.

NAME	HOME #	WORK #	RELATIONSHIP
1. _____			
2. _____			
3. _____			
4. _____			

PICK-UP INFORMATION (The following people have my permission to pick-up my child)

NAME	HOME #	WORK #	RELATIONSHIP
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

HEALTH CONDITIONS: List any conditions such as heart, lung, muscle diseases, diabetes, epilepsy, severe allergies or allergies to medicines or foods, migraine headaches, eye, ear, throat problems, asthma, etc.

Explanation: _____

Has the applicant ever received a psychological or psychiatric evaluation (including ADD/ADHD)? ___ Yes ___ No

If yes, date: _____ Please explain, including diagnosis and treatment: _____

MEDICATION: Is your child on any LONG-TERM medications? YES NO

Medication Name: _____

For what condition? _____

ALLERGIES: List food and/or drug allergies. Describe reaction and list remedy in case allergy occurs: _____

MEDICINES MAY BE BROUGHT AND 'STORED' AT PSCA DURING THE SCHOOL YEAR FOR YOUR CHILD: Tylenol, Cough Drops, Asthma Inhaler, Cold/Allergy Medicine, etc. The medication is labeled, stored, and administered by office personnel, on an as needed basis to your child only.

Child's Name: _____ **Birth Date:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facilities person in charge, at PECAN STREET CHRISTIAN ACADEMY to transport my child to the nearest hospital.

I give my consent for necessary emergency treatment when my child is in the care of a physician and/or hospital/clinic.

I will not hold PECAN STREET CHRISTIAN ACADEMY financially responsible for the emergency care and/or transportation for said child.

Parent/Legal Guardian Signature

TRANSPORTATION

I give permission for my child _____ to be transported by PECAN STREET CHRISTIAN ACADEMY. I will be notified in advance as to where and when my child will be gone.

Parent/Legal Guardian Signature

PHOTOGRAPHS: I hereby ___ give ___ do not give consent for my child to be photographed.

Parent/Legal Guardian Signature

WATER ACTIVITIES: I hereby ___ give ___ do not give consent for my child to participate in water activities.

Parent/Legal Guardian Signature

SCHOOL-AGE CHILDREN: I hereby ___ give ___ do not give consent for my child:
___ to walk to & from home _____ to walk to & from school
___ to be released to the care of sibling under 18 years-old

Name of sibling(s): _____

Parent/Legal Guardian Signature

Child's Name: _____ Birth Date: _____

STATEMENT OF CO-OPERATION

In making application for my child, it is my desire to have him/her complete the school year at PECAN STREET CHRISTIAN ACADEMY.

It is my understanding that the policy of PECAN STREET CHRISTIAN ACADEMY is to make no refunds on registration fees. I pledge to pay my financial obligations to PECAN STREET CHRISTIAN ACADEMY on the dates due so that the School may meet its obligations in a timely manner.

I have received and read my PECAN STREET CHRISTIAN ACADEMY Parent /Student Handbook and will abide by the rules and regulations stated in this book so the School can maintain order and consistency for all students.

I have received a copy of PECAN STREET CHRISTIAN ACADEMY'S Uniform Dress Code handout. I hereby agree that my student will abide by the Dress Code as outlined in the Uniform Dress Code handout.

I understand that the policy of PECAN STREET CHRISTIAN ACADEMY is that no school records will be transferred unless my account is paid in full.

I absolve PECAN STREET CHRISTIAN ACADEMY from any liability due to injury to my child or my family at school or during any school functions. The School has a copy of my current medical insurance on file.

I understand that PECAN STREET CHRISTIAN ACADEMY does not have facilities for the education of children with mild to severe special education needs or learning disabilities, nor emotional problems, nor disciplinary problems.

I understand that PECAN STREET CHRISTIAN ACADEMY mission in education is to provide an advanced and gifted program, which is not suitable for all children.

I understand that I will be responsible for my child's actions while he/she is on PECAN STREET CHRISTIAN ACADEMY grounds and/or at a school function.

I understand that I must complete the parent requirements consisting of orientation upon enrollment, or I will be subject to a fine.

I understand that PECAN STREET CHRISTIAN ACADEMY requires each student to refrain from belligerent speech, profanity, indecent language or actions, cheating, stealing, etc. The School has a low tolerance for these offenses, which will result in a disciplinary action such as detention, probation, suspension and/or dismissal. The School strives to maintain order and provide a Christian atmosphere for all students.

I understand that PECAN STREET CHRISTIAN ACADEMY expects all students to complete class assignments and maintain a non-failing grade average in order to remain eligible for enrollment.

I understand that discipline of my child will include participation by at least one parent, preferably both parents and that discipline is not the sole responsibility of the teacher or the PECAN STREET CHRISTIAN ACADEMY staff.

Upon these understandings, I hereby agree to accept all policies and regulations of PECAN STREET CHRISTIAN ACADEMY in my student's behalf and it is my desire to enroll my child in PECAN STREET CHRISTIAN ACADEMY.

Father/Legal Guardian

Mother/Legal Guardian

Student (4th - 8th grade only)

DATE

DATE

DATE