

CHESTERFIELD ACADEMY



Application for Enrollment

Child's Name _____ Sex _____ Birth date _____

Address (Street, City, State, Zip Code)

Mother's Name _____ Home Telephone Number _____

Address (Street, City, State, Zip Code)

Employed By _____ Hours of Employment _____

Address (Street, City, State, Zip Code)

Cell Phone _____ Business Telephone _____

E-Mail Address _____

Father's Name _____ Home Telephone Number _____

Address (Street, City, State, Zip Code)

Employed By _____ Hours of Employment _____

Address (Street, City, State, Zip Code)

Cell Phone _____ Business Telephone _____

E-Mail Address _____

Emergency Contacts Persons authorized to take child other than parents

Name _____ Telephone Number(s) _____

Address _____ Relationship _____

Name _____ Telephone Number(s) _____

Address _____ Relationship _____

Name _____ Telephone Number(s) _____

Address _____ Relationship _____

Trips and Activity Permission

I do _____ do not _____ give consent for my child to take part in field trips or excursions with Chesterfield Academy under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do _____ do not _____ give consent/permission for my child to be photographed for display/advertising purposes, may also be used on Chesterfield Academy's Facebook page and/or website. **Your child's name will never appear on any advertisement, be it flyer, brochure, mailer, Facebook, Pinterest or on our website.**

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice.

If I cannot be reached to make the necessary arrangements, I understand that Chesterfield Academy will contact the people I have provided as Emergency Contacts.

In a critical emergency requiring immediate medical care I hereby authorize Chesterfield Academy to seek care on my behalf.

Parent Signature _____ Date _____

Doctor's Information

Name _____ Telephone Number _____

Address (Street, City, State, Zip Code) _____

For Emergency Medical Treatment of My Child My Preferred Hospital Is:

Name _____ Telephone Number _____

Address (Street, City, State, Zip Code) _____

Agreements:

1. Chesterfield Academy and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. When my child is ill, it is understood and agreed that he/she may not be accepted into care.
3. I have received a copy of Chesterfield Academy's Parent Handbook and Fee and Financial Agreement.
4. I have been informed that a copy of the Licensing Rules for Child Care Centers in Missouri is available at the facility for review.
5. I have read, understood and signed the Fee Agreement and am aware that I am financially responsible for child care fees.
6. I certify that my child, is to my knowledge, in good health and free of disabilities that would endanger him/her or other children at this facility.
7. I authorize the School Nurse to provide any necessary or advisable treatment for my child, including medical evaluation, management, and treatment within the capabilities of the facility and its management.

Parent Signature _____ Date _____

Child's Health History and Current Health Problems

Any Allergies, special medical conditions, including chronic health problems _____

Any special medications and/or restrictions _____

To Be Completed With Chesterfield Academy

Admission Date _____

Enrolled for (Days of the week) _____

Hours Per Day _____

Discharge Date (Retained for one year after) _____

Parent or Guardian Signature and Date

Director Signature and Date

Chesterfield Academy Christian School, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We are a non-denominational, faith-based school and respect all religions. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.