



Student Registration Form 2023-2024

PLEASE FILL IN APPLICATION COMPLETELY AND MAKE A COPY FOR YOUR OWN RECORDS.

STUDENT INFORMATION

Student's name: _____
Last *First* *MI*

Birth date: _____ Age: _____ Gender: (M/F) _____

Home Address: _____ City: _____ State: _____ Zip: _____

PARENT INFORMATION

Parent 1 Full Name: _____

Parent Birth Date: _____ Relationship to Child: _____

Cell #: (____) _____ Business Phone: (____) _____ Home Phone: (____) _____

Home Address: (if different than student address above) _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Occupation/Title: _____

Name of Employer: _____

Parent 2 Full Name: _____

Parent Birth Date: _____ Relationship to Child: _____

Cell #: (____) _____ Business Phone: (____) _____ Home Phone: (____) _____

Home Address: (if different than student address above) _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Occupation/Title: _____

Name of Employer: _____

With whom does the child reside: (___) Both Parents (___) Mother (___) Father (___) Guardian

Bilingual household: (___) Yes (___) No Language: _____

MEDICAL INFORMATION - EMERGENCY CONTACTS

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

MEDICAL WAIVER - EMERGENCY CONTACTS

In case of an accident or medical emergency I, the undersigned, request CLASS Academy to contact me. If CLASS Academy is unable to reach me, I hereby authorize CLASS Academy to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, CLASS Academy may make whatever arrangements deemed necessary. I agree to cover expenses should it be deemed necessary to transport my child by ambulance.

Signature of Parent or Guardian: _____ **Date:** _____

MEDICAL INFORMATION - EMERGENCY CONTACTS (Continued)

Allergies (List all. *Please note if Epinephrine is required): _____

Other Important Medical Conditions/Diagnosis (be specific): _____

List any non-allergy related foods your student must avoid: _____

Can your child be given Children’s Tylenol if deemed necessary? Yes _____ No _____ **Initials:** _____

Can your child be given Benadryl in case of a life-threatening emergency? Yes _____ No _____ **Initials:** _____

Can your child have sunscreen applied when going outside on sunny days? Yes _____ No _____ **Initials:** _____

Are there any physical activities that your child cannot participate? Yes _____ No _____

If yes, explain: _____

Physician’s Name: _____ **Address:** _____ **Phone:** _____

Dentist’s Name: _____ **Address:** _____ **Phone:** _____

EMERGENCY CONTACTS: List two (2) individuals with whom you would entrust your child if you cannot be reached.

Name: _____ Relationship to family: _____ Day time telephone: (____) _____

Name: _____ Relationship to family: _____ Day time telephone: (____) _____

PERMISSION TO PICK UP STUDENT

Who has permission to pick up your student (include older siblings’ names if they will pick up child). Please list name and relationship. Remember, they will be asked for ID when picking up child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERMISSION NOT GRANTED FOR PICK UP: (Any specific individual or family member who is restricted from pick up).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

**It is the custodial parent or guardian’s responsibility to notify the school at time of enrollment if there are any court-mandated custody agreements that would prohibit the other parent from picking up the child

AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS

Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. I hereby consent to have my child participate in field trips and off-the-grounds activities supervised by CLASS school staff.

Signed: _____ **Date:** _____

PHOTOGRAPH RELEASE

Permission is hereby granted for photographs to be taken of my child and CLASS Academy has the right to utilize these photographs in school brochures, display material or on the school website. I do not expect reimbursement for my child’s picture being used.

Signed: _____ **Date:** _____

SWIMMING/ICE-SKATING RELEASE

I hereby consent to have my child to participate in annual ice skating and swimming lessons if they are offered. Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. I also agree that, if my child is unable or does not attend lessons and there are no supervisors available to accommodate my student, my child will be required to be picked-up prior to when their class/cohort departs for the swimming/skating facility.

Signed: _____ Date: _____

OPTIONAL – RACE AND ETHNICITY DATA

What is your student's race/ethnicity? (Choose one or more)

- Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTICE OF NONDISCRIMINATORY POLICY TO STUDENTS

CLASS Academy 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. CLASS Academy does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, athletics, or other school administered programs.

Thank you for submitting your application to CLASS Academy, a school where children come first and are treated with dignity and respect.