



## Student Registration Form 2022-2023

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.*