



Phone: (607) 756-5838
Fax: (607) 756-7716
www.cortlandchristian.org

Registration Form

This application is for students who wish to be enrolled for the 20__ - 20__ school year. The registration fee must accompany this application and is not refundable under normal circumstances.

Date _____ Grade to Enter _____

Name _____
First Last Middle

Address _____ Student E-Mail Address _____

City _____ Zip Code _____

Telephone _____ Cell Phone# _____ Birthday _____

Place of Birth _____ Sex _____ Age _____

Ethnicity: ___ Afro-American ___ Asian ___ Caucasian ___ Hispanic ___ Native American

Student's Social Security Number _____

School District in which you reside _____

School last attended _____

Address _____ Phone _____

Please list all other schools previously attended.

School _____ Grade _____

School _____ Grade _____

School _____ Grade _____

Family Information

Father's Name _____ E-Mail Address _____

Father's Employer _____ Phone _____

Address _____

Mother's Name _____ E-Mail Address _____

Mother's Employer _____ Phone _____

Address _____

Marital Status: Single _____ Married _____ Widow/er _____ Divorced _____

Separated _____ Remarried _____

Are there situations arising from marital status which have a bearing on your child and of which the school should be aware? (i.e. custody, visitation, court orders, etc.) Yes _____ No _____

Language other than English spoken in the home _____

Name of Brothers and Sisters:	Age	Living at Home?
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1. _____

2. _____

3. _____

Church Attended _____

Church Address _____ Pastor's Name _____

Are you members of this church? Yes _____ No _____ How frequently do you attend its services? Faithfully ___ Frequently ___ Occasionally ___ Rarely ___ Never ___

Who to contact in an emergency if unable to reach parent and relationship to child. (etc. grandparent, aunt, uncle, friend)

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Scholastic Information

Please indicate level of pupil's previous work.

Excellent _____ Good _____ Average _____ Poor _____

Please provide a copy of pupil's most recent report card and standardized testing results.

Has child ever been expelled, dismissed, suspended or refused admission to another school?

Yes _____ No _____

Has child ever had disciplinary difficulties? Yes _____ No _____

Are there (or has there been) in the applicant's life issues of a moral or spiritual nature of which the Academy should be aware? Yes _____ No _____

Has child ever been in trouble with the law, arrested, etc.? Yes _____ No _____

Has child ever used alcohol, tobacco or illegal drugs? Yes _____ No _____

If yes to any of these questions, please attach of letter of explanation.

*Please note: Any of these circumstances will cause the Academy to take this child's application under advisement.

Please attach a letter explaining why you desire to enroll your child in our Christian school and identifying your expectations of the Academy.

Cortland Christian Academy is an educational ministry of Bible Baptist Church and exists for the purpose of assisting parents in fulfilling the educational aspect of their God-given responsibility for the rearing of their children in a manner that is consistent with Biblical principles. Working in partnership with the Christian home and local church and utilizing Christian curricula, the Academy strives to instill in each of its students a world-and-life view that is Bible-based and Christ-centered.

Attending Cortland Christian Academy is a privilege, and should be appreciated and preserved as such. The emphasis of the school is threefold. 1. To promote academic excellence; 2. To develop sound moral character in our students and; 3. To train youth to become good Christian citizens and leaders of the future.

It is imperative that tuition payments be made on time. For your convenience, the tuition can be paid in full or divided into ten or twelve installments. The first payment is due on or before August 10th, with a payment each month through May. Applicable late fees are assessed on the 20th of the month for which the charges are due.

“I hereby pledge to pay my financial obligations to the school each month and understand that appropriate late fees will be assessed when payments have not been made.”

I agree to uphold and support the high academic standards of the school; to encourage my child in the completing of homework, assignments, projects, or test preparations; and to monitor my child’s academic progress.”

“I appreciate the standards of the school and will not tolerate profanity, substance abuse, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all the regulations of the school in the applicant’s behalf and authorize this school to employ such discipline as it deems wise and expedient for the training of my child.”

“I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

“I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from school premises, and absolve the school from liability to me or my child because of injury to my child at school or during any activity.”

“I understand the terms stated on this application and agree thereto.”

(Signature of Father)

Date _____

(Signature of Mother)

Date _____

Date of Registration Fee Paid _____

Cortland Christian Academy

Medical History

Pupil's Name _____ Birth Date _____ Sex _____

Biological Father's Health _____ If deceased, cause _____

Biological Mother's Health _____ If deceased, cause _____

Family Physician _____ Phone _____

PAST DISEASES – (If your child has had any of the following, state age).

- | | |
|-----------------------|------------------------|
| _____ Mumps | _____ Chicken Pox |
| _____ Measles | _____ Pneumonia |
| _____ Whooping Cough | _____ Polio |
| _____ Asthma | _____ Convulsions |
| _____ Hepatitis | _____ Heart Disease |
| _____ Diphtheria | _____ Diabetes |
| _____ Scarlet Fever | _____ Discharging Ears |
| _____ Rheumatic Fever | |

Recent Disabilities – (Please check any one of the following noted recently.)

- | | |
|------------------------------|------------------------|
| _____ 4 or More Colds Yearly | _____ Fainting Spells |
| _____ Frequent Sore Throats | _____ Abdominal Pains |
| _____ Poor Vision | _____ Freq. Urination |
| _____ Frequent Leg Pains | _____ Allergy |
| _____ Dizziness | _____ Persistent Cough |
| _____ Frequent Sties | _____ Speech Problem |
| _____ Dental Defects | _____ Crippled |
| _____ Asthma | _____ Hay Fever |
| _____ Diabetes | _____ Hemophilia |
| _____ Hearing Difficulty | _____ Tires Easily |
| _____ Hernia (rupture) | _____ Ringworm |
| _____ Nose Bleeding | _____ Ear Aches |
| _____ Heart Trouble | _____ Epilepsy |
| _____ Breath Shortness | |

Does your child wear any corrective or prosthetic devices? Yes _____ No _____ If yes, Please explain _____

Has your child had a skin test for tuberculosis? _____ Date _____

Has he been associated with a tubercular patient? _____

Does your child regularly take any medications? Yes _____ No _____ If yes, identify the medication, dosage, and indications _____

Personal Record - (K-3rd Grade Students) Please answer all the following.

Yes___ No ___	Is he/she shy?	Yes___ No ___	Over Active?
Yes___ No ___	Suck thumb?	Yes___ No ___	Have excessive fears?
Yes___ No ___	Like School?	Yes___ No ___	Play well with others?
Yes___ No ___	Bite Fingernails?	Yes___ No ___	Have temper tantrum

Are there any reasons why this child may not be able to fulfill the essential functions of a student in our school? Yes ___ No ___
If yes, please explain

If you answered "yes" to the above question, is there anything that the school can do to reasonably accommodate these needs so that your child could perform the essential functions of a student in our school?

When is his/her regular bedtime? _____ When is his/her rising time? _____

FILL OUT THE FOLLOWING PORTION FOR ALL STUDENTS K-12

Do you have accident insurance on your child? _____

If so, with what company? _____

Please list any other pertinent information you feel we should be aware of

**BEFORE APPLICATION IS ACCEPTED AT CORTLAND CHRISTIAN ACADEMY
THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED.**

Date: _____ **Signature of Parent** _____

Please indicate the manner in which you plan to make your tuition payments. _____
(Yr - 12 Mo - 10 Mo)

Have you:

- 1. Answered all questions?**
- 2. Signed on pages 4, 6, 8?**
- 3. Attached the registration fee?**
- 4. Toured our facility**
- 5. Scheduled an appointment with the administrator?**
- 6. Provided scholastic and standardized testing records?**
- 7. Arranged for entry or placement screening if applicable?**

Dear Parents:

During the school year we will be taking our students on various field trips. These could include:

1. Monthly Field Trip—whole school—swimming, sledding, etc. as decided by the staff.
2. Gym Days—area parks.
3. Individual class field trips.
4. Other—upon opportunity.
5. Competition games—soccer, basketball etc.
6. Cheerleading etc.

We have found that to have individual permissions slips for each occasion has caused an excess of work in the office as well as a duplication of work. Because of this, we have decided to have just one general permission slip for the whole year. As these trips are taken, you will be notified, and if you have any objections to a particular event, you can let us know at that time. Any costs, etc. needed will also be given to you at each event. Thank you for your cooperation. These permission slips will be kept on file from year to year—so you will not have to fill one out each year.

In Christ,

CCA staff

I, the parent of _____, give my permission for him/her to participate in any field trips as outlined above that the Cortland Christian Academy takes during the school year. I also do not hold the school responsible for injury such as might be incurred in such activities. I understand that this permission will be on file for as long as my child is in the Cortland Christian Academy. I also have the right to object to any field trip and can request my child not to go if I prefer.

(Signature)

Dated _____

Transportation Information

It is important that the school office have on record how your child is transported to and from school. Please fill out the following:

1. _____ will be transported to school by the _____.
(Student's name) (School District)

2. _____ will be transported by car. The person doing the transporting is

_____.

Thank you,

C.C.A. Office

Please return to the office as soon as possible



Photography Consent Form

From time to time, we may take photographs of the children at our school. We may use these images in our school's newsletter or in other printed publications that we produce, as well as on our website or school media accounts. We may also make video or webcam recordings for school events, monitoring or other educational use or share on the website or school media accounts.

Occasionally, our school may be visited by media who will take photographs or film footage.

As the parent of a child/children at Cortland Christian Academy, I agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at Cortland Christian Academy during normal school hours, field trips, or activities. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the below uses. I agree that this form will remain in effect during the term of my child's enrollment.

Please circle your answer:

**child will be identified by first name only.*

1. May we use your child's photograph in the school Newsletter and other printed publications/displays that we produce for publicity or other purposes to help achieve Cortland Christian Academy's aims.	Yes/No	Identify child* /Unidentified
2. May we use your child's image on our website/social media pages?	Yes/No	Identify child* /Unidentified
3. May we use, if selected your child's work on our website/social media pages?	Yes/No	Identify child* /Unidentified
4. May we record your child's image on video or webcam?	Yes/No	Identify child* /Unidentified
5. Do you consent to your child's image and name being published with a press photograph?	Yes/No	Identify child* /Unidentified

Parent/Guardian Name	Relationship To Child
Child 1 Name	Child 3 Name
Child 2 Name	Child 4 Name
Parent/Guardian Signature	Date