



Office: 607-756-5838
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www.cortlandchristian.org

Preschool 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 _____ Pre-School _____yrs old

PREK4 Must be 4 yrs. old by December 1st:

_____ 5 days – full day _____ 3 days (MWF) – full day _____ 2 days (T, TH) – full day
_____ 5 days- half day _____ 3 days (MWF) – half day _____ 2 days (T,TH) – half day

PREK3:

_____ 2 days (T,TH) – half day

Name _____

First Last Middle

Address _____

City _____ Zip Code _____

Telephone _____ Cell Phone # _____ Birthday _____

Place of Birth _____ Sex _____ Age _____

Student's Social Security Number _____

School District in which you reside _____

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

Family Information

Father's Name _____ Father's email _____

Father's Employer _____ Phone _____

Address _____

Mother's Name _____ Mother's email _____

Mother's Employer _____ Phone _____

Address _____

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

Are there situations arising from martial 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?
1. _____		
2. _____		
3. _____		

Church Attended _____

Church Address _____ Pastor's Name _____

Are you members of this church? Yes _____ No _____ How frequently do you attend it's 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 _____

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 _____

Insurance Carrier _____ Policy# _____

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 - (Preschool Students) Please answer all of the following.

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

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 PRESCHOOL STUDENTS

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** _____



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