



# RE-REGISTRATION FORM 2009 – 2010



Mission Statement: Christ the King Academy seeks to support Christian families by providing a Christ-centered education which promotes godly character, academic excellence, physical development and social skills.

### STUDENT'S APPLYING

Last Name _____	First Name _____	Grade 09/10 _____
_____	_____	_____
_____	_____	_____

### OFFICE USE ONLY

Registration Deposit Pd _____ Date _____
Registration Balance Pd _____ Date _____
Financial Aid _____

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Car Pool: Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_

Name _____	Street _____	City _____	State _____	Zip _____
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Mother \_\_\_\_\_

Name _____	Street _____	City _____	State _____	Zip _____
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Guardian \_\_\_\_\_

Name _____	Street _____	City _____	State _____	Zip _____
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Change in marital status  yes  no

Church Family Attends \_\_\_\_\_ Attend Regularly  yes  no

### Parent/Guardian Employment Information

Position of Father \_\_\_\_\_ Position of Mother \_\_\_\_\_

Business Firm \_\_\_\_\_ Business Firm \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**“We agree to support the principles, goals and policies of Christ the King Academy.”**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (4th-9th) \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY NAMES AND PHONE NUMBERS: In case of illness at school, whom shall we call to come for your child(ren) if you cannot be reached? (A relative or friend living near you.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Any Allergies \_\_\_\_\_

Family Physician \_\_\_\_\_

Dentist \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Medications \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



**FIELD TRIP/ MEDICAL RELEASE  
FORM 2009- 2010**



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**FIELD TRIP PERMISSION**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to attend all field trips sponsored by Christ the King Academy for the school year 2009 - 2010. At the time of being notified of a specific field trip and its costs, I will have the opportunity to send a written refusal stating that my child will not be able to attend that field trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

I hereby authorize Christ the King Academy, Christ Memorial Church, and/or its employees and agents to consent the administration of any treatment deemed necessary by a licensed physician, surgeon or dentist; and/or the transfer of my child to any hospital reasonably accessible. I acknowledge that Christ the King Academy, Christ Memorial Church and/or its employees and agents may authorize such treatment and/or transfer, in their sole discretion, even though I have not been previously contacted. I further promise to hold harmless Christ the King Academy, Christ Memorial Church and/or its employees and agents from any and all expenses incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expenses, costs of paramedics, hospital expense and/or physician charges. I hereby release Christ the King Academy, Christ Memorial Church and/or its employees and agents and drivers of vehicles of any and all liability from personal injury, property loss, and illness during or related to this outing.

Name of family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

“Christ The King 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. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship program, and athletic and other school administered programs.