

CEDAR ROAD CHRISTIAN ACADEMY
916 CEDAR ROAD
CHESAPEAKE, VA 23322
(757) 547-9553

CHILD INFORMATION SHEET

FULL NAME: _____ DATE: _____

NAME CHILD IS CALLED: _____ SEX: _____

DATE OF BIRTH: _____ PHONE: _____

ADDRESS: _____ APT. NO. _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER

Maiden Name: _____ DATE OF BIRTH: _____

Birthplace: _____

Education (Circle highest level completed): Elementary School, High School, College

Do you work outside your home? _____

Occupation: _____

Hours worked (Circle one): FULL-TIME PART-TIME

FATHER

Name: _____ DATE OF BIRTH: _____

Birthplace: _____

Education (Circle highest level completed): Elementary School, High School, College

Occupation: _____

Hours worked (Circle one): FULL-TIME PART-TIME

BROTHERS AND SISTERS

Name(s)	Date(s) of Birth:
_____	_____
_____	_____
_____	_____

List members of your household not listed above (other relatives, roomers, maids, etc.)

Name(s)	Relationship
_____	_____
_____	_____

Does your child enjoy outdoor play? _____

Does your child have any allergies? NO YES (Please list):

How does the allergy affect your child? _____

Please provide the name, address, and phone number of the person who would assume responsibility for your child in the event of an emergency, if the school is unable to contact parents:

NAME: _____ PHONE: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

What are the ages and sexes of the children with whom your child has played most during the past year?

What types of play do they engage in? _____

How does your child get along with others? _____

What serious illness, if any, has your child had? _____

Please tell us about the following:

Sleep and nap habits: _____

Eating habits and difficulties: _____

Fears: _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.): _____

How do you correct your child? _____

Favorite play activities: _____

Favorite books and stories? _____

Is your family affiliated with a church in the community? YES NO

If yes, which one? _____

Does your child attend Sunday School? YES NO

List any other organizations of the church he/she attends: _____

Has your child attended any other child care centers? YES NO

Name of center attended: _____

Reason for leaving ? _____

CEDAR ROAD CHRISTIAN ACADEMY & DAYCARE
ACTIVITIES PERMISSION FORM

I hereby give my child, _____,
permission to participate in all activities of Cedar Road Christian Academy
and Daycare, including field trips.

Parent's Signature

Date

**CEDAR ROAD CHRISTIAN ACADEMY
EMERGENCY TREATMENT PERMISSION FORM**

Please complete and return this form to CRCA immediately.

Child's Name: _____

PERMISSION TO SEEK EMERGENCY TREATMENT

In the event that reasonable attempts to reach me at (phone number) _____ or _____ (other parent or guardian) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or in the event the preferred physician is unavailable, by another licensed physician, and the transfer of my child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature

Date

ALTERNATE EMERGENCY PROCEDURE PLAN

I do not give my consent for emergency treatment of my child. In the event of illness or injury generally requiring emergency treatment, I wish the Academy authorities to TAKE NO ACTION or, in the alternative, to:

SPECIFY ACTION

Signature

Date

In order to help Cedar Road Christian Academy personnel in notifying you and the Preferred Physician, please provide the following information:

Name of Doctor: _____ Phone: _____

Parent's Home Phone: _____

Father's Business Phone: _____

Mother's Business Phone: _____

Person authorized to act on behalf of the child if neither parent can be reached:

Name: _____ Phone Number: _____

Address: _____

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MEDICATION CONSENT FORM

Cedar Road Christian Academy has my permission to administer the following to my child when needed, and according to the dosage recommended by the manufacturer.

- _____ Children's Tylenol
- _____ Pepto Bismol
- _____ Tums
- _____ None. Please contact me immediately.

Parent or Guardian

Date