

RE-ENROLLMENT REGISTRATION

REGISTRATION DATE _____

STUDENT INFORMATION (Please print or type clearly)

Last name	First name	Middle name	Jr., Etc.	Gender
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Birthdate _____

Home address	City/State	ZIP/Postal code
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Telephone	Student cell phone
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FAMILY INFORMATION

Father's name (first & last)	Mother's name (first & last)
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Father's employer/position	Mother's employer/position
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Father's work phone	Mother's work phone
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Father's cell phone	Mother's cell phone
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Father's e-mail	Mother's e-mail
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Parents' marital status: Married Widowed Divorced Single

Student lives with: Both parents Father Mother Guardian Other: Name _____

Receive mail: Father Mother Guardian Both Other: Name/Address _____

Legal custody: Father Mother Guardian Both Other: Name/Address _____

Financial responsibility: Father Mother Guardian Both Other: Name/Address _____

Home Church (church name, telephone, city, pastor)

Siblings: name(s), age(s), grade(s)

Siblings: name(s), age(s), grade(s)

EMERGENCY CONTACTS/AUTHORIZED PICK UP

List the names of two (2) adults who will assume responsibility in the event you can't be reached, who are allowed to pick up your student(s).

Name	Phone	Relationship:	<input type="checkbox"/> Non-custodial parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Family Friend
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Name	Phone	Relationship:	<input type="checkbox"/> Non-custodial parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Family Friend
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DEMOGRAPHIC SURVEY

*Race: African American/Black (non-Hispanic) American Indian/Alaskan Native Caucasian American/White (non-Hispanic)
 Mexican American/Chicano/Latino Asian American/Pacific Islander Puerto Rican/Cuban/Other Hispanic
 Multiracial Other _____

**Required by the State and/or Federal Government*

Quad Cities Christian School admits students of any race, color and national or ethnic origin

STUDENT COMMITMENT

As a Christian school, we feel that it is extremely important to follow Biblical mandates of love for one another (John 13:34) and respect for authority (Romans 13:1). Not only does school provide academic, growth, but also opportunities for social and relational maturity. It is important for each student to make a decision for excellence in academics and behavior.

We are asking each student to agree with, and sign, the following commitment. Please take time to read and discuss this together, sign the form and return it with the admission forms.

I, _____, commit to obey the rules of Quad Cities Christian School. I will respect the teachers, all adult volunteers, and my fellow students, and I accept responsibility to complete all tasks and assignments given to me in a timely manner.

Student's signature

Parent(s)/Guardian(s) signature

Date

STATEMENT OF NONDISCRIMINATION

Quad Cities Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to QCCS students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, scholarship awards, athletic and other school administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying handicap, or whose personal lifestyle is not in harmony with the stated philosophy and purpose of Quad Cities Christian School.

HEALTH INFORMATION

Student's name _____

Student's physician and physician's phone _____

Hospital preference and hospital phone _____

Student's dentist and dentist phone _____

STUDENT HEALTH HISTORY: Does the student have any of the following? If so, please describe.

Allergies Yes No List _____

Has the allergy required emergency treatment in the past? Describe _____

Bee Sting Allergy Yes No Describe the reaction. _____

Difficulty breathing Yes No Emergency medication? Yes No

Asthma Yes No Triggered by _____ Medication _____

Diabetes Yes No Insulin Yes No Hypoglycemic Yes No

Epilepsy/seizures Yes No Describe seizures _____

Date of last seizure _____ Medication _____

Heart Condition Yes No Describe _____ Physical Restrictions _____

Bone/Joint problems Yes No Describe _____ Physical Restrictions _____

Blood disorders Yes No Hemophilia Sickle Cell Other _____

Please check the appropriate boxes regarding health concerns that pertain to the student.

Eyes Glasses Contacts Lazy Eye

Ears Frequent infections Tubes Hearing aids Hearing difficulties Explain _____

Other Nose bleeds Speech problems Anxiety ADHD Skin Dental Neurological Stomach

Daily prescription medication at home Yes No

Daily prescription medication at school Yes No (If given at school, a parent & physician signature sheet must be signed - available in the office)

List medications _____

Please list any serious illnesses, injuries and/or surgeries: When _____ Reason _____

PERMISSION TO ADMINISTER MEDICATION

The office must administer all medications, including over the counter medications and prescribed medications. If your student requires a certain medication, please send a note along with that medication in a sealed container marked with your student's name on it. He/she will be allowed to come to the office to take that medicine at the times prescribed.

Ibuprofen and Tylenol are available in the school office. However, we need your permission to administer this medication. If you prefer, you may send pain medication of your choice to be kept in the office and used only for your student. It must be clearly marked. Students will only be allowed to take dosages as noted on the packaging unless noted otherwise by a parent.

Thank you.

_____ My student **may have Ibuprofen** to relieve headache pain.

_____ My student **may have Tylenol** to relieve headache pain.

_____ I will send headache medication to the office for my student.

_____ **Do not administer** any medication to my student without further instruction.

Student's name

Parent's signature