



WINDSOR
CHRISTIAN ACADEMY

213 Little Conestoga Rd.
Uwchland, PA 19480
610-458-7177 www.windsorca.org

STUDENT APPLICATION

Application Date _____ School Year _____ Grade _____

School District _____ Bus Transportation? yes no

E-mail address _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Windsor Christian 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 or race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

STUDENT INFORMATION				PARENT INFORMATION			
Student Name _____				Father's Name _____		Employer _____	
First _____		Middle _____		Last _____		Home Phone _____	
Goes by: _____		DOB _____		Address _____		Work Phone _____	
Mailing Address _____				Cell Phone _____			
City _____		State _____		Zip Code _____		Mother's Name _____	
Township _____				Address _____		Employer _____	
Special Needs/ Learning Disabilities _____				Home Phone _____		Work Phone _____	
Birthplace _____				Social Security Number _____		Cell Phone _____	
School Last Attended _____				Home Church _____		<input type="checkbox"/> Resides with both parents	
Dates Attended _____				Parent child lives with. _____			
Siblings Name _____		Age _____		Name _____		Age _____	
Name _____		Age _____		Name _____		Age _____	

EMERGENCY INFORMATION

In case of an emergency, list at least two **NEARBY** relatives or neighbors we should contact if we are unable to contact you.

Name _____ Phone/ Cell _____ Relationship _____

Name _____ Phone/ Cell _____ Relationship _____

Name _____ Phone/ Cell _____ Relationship _____

AUTHORIZED PICK UP

The following persons have our permission to pick up our child/children from Windsor Christian Academy . We understand that we need to provide a written note or e-mail to allow our child/children to be released to another person.

Name _____ Phone/ Cell _____ Relationship _____

Name _____ Phone/ Cell _____ Relationship _____

Name _____ Phone/ Cell _____ Relationship _____

Windsor Christian Academy

EMERGENCY MEDICAL /FIELD TRIP RELEASE FORM

Student _____ Grade _____ 20__ School Year

In case of accident, illness, or other emergency, **I/we** request that the school contact the parent/guardian. If the school cannot reach a parent/guardian after conscientious effort, **I/we** give permission for the school staff to call paramedics or any licensed physician or dentist. If a life threatening emergency exists, **I/we** give permission for school staff to call paramedics immediately and then contact parent/guardian as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. **I/we** agree to assume the financial responsibility for expenses incurred as a result of those services being provided, including medical transportation.

I/we give my permission for my/our children to participate in all school sponsored trips away from the school premises throughout the school year. Students will be accompanied by a teacher and will be under adequate supervision. **I/we** understand that I/we will be given at least 48 hours notice of all trips away from the school premises. An additional Field Trip Permission form will be sent home prior to each off-campus trip. **I/we** further understand that I/w may revoke permission for a specific field trip by writing to the Administrator.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. **I/we** understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, **I/we** agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. **I/we** agree to hold harmless Windsor Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, **I/we** acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

ALLERGIES AND MEDICATION

Allergies (including medical reactions) _____

ALLERGY TO BEE STINGS: Does your child have a known allergy to bee stings? _____ Has your child ever been stung by a bee? _____

What prescription medications are required if your child is stung by a bee _____

Medications required to be given during school hours _____ Other Medications _____

I/we give our permission to administer Tylenol _____ Dose _____ I/we give our permission to administer Benadryl _____ Dose _____

Parent signature and date _____

Parents are notified when authorized medications are given to students.

EMERGENCY MEDICAL CONTACTS

Health Insurance Carrier _____	Policy Number _____	Person Insured _____	Relationship to child _____
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Physician _____	Phone _____	Dentist _____	Phone _____
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Preferred Hospital _____	Phone _____	Date of last tetanus shot _____
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Father/Guardian Signature and Date _____

Mother/Guardian Signature and Date _____

Name Printed _____

Name Printed _____

If the child lives with both parents, the release must be signed by both parents