

# CALVARY CHRISTIAN SCHOOL



## PERSONAL DATA AND EMERGENCY INFORMATION FORM

Full Name of Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Environmental Allergies: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Wears glasses? Yes \_\_\_ No \_\_\_ Wears Contacts? Yes \_\_\_ No \_\_\_ Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Prosthetic Devices? If yes, please list: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

**TO PARENT OR GUARDIAN:** To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information:

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Mom's Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Dad's Employer: \_\_\_\_\_ Email: \_\_\_\_\_

If you cannot be reached, please list persons authorized to pick up your child in case of emergency or illness. This person will only be contacted if neither the student's mom or dad can be reached at any of their provided telephone numbers. This person will be required to present proof of identification:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency and neither parent nor the two people listed above can be contacted, I give permission for my child to be transported via ambulance to whatever local hospital deemed necessary for treatment.

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

Does your child currently have any of the following conditions?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> Depression              | <input type="checkbox"/> Hyperactivity                 |
| <input type="checkbox"/> Allergic Reactions       | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Medication Allergies          |
| <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Pneumonia                     |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Food Allergies          | <input type="checkbox"/> Reactive Airway Disease (RAD) |
| <input type="checkbox"/> Bee Sting Allergy        | <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Bone Fracture            | <input type="checkbox"/> Heart Murmur            | <input type="checkbox"/> Wheezing                      |
| <input type="checkbox"/> Congenital Heart Problem | <input type="checkbox"/> Hives                   |  |

Has your child ever been diagnosed with or treated for any of the above listed health problems? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other diseases, illnesses or problems which apply to your child not already mentioned above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any over-the-counter or prescription medications on a regular, daily, as-needed, or seasonal basis? If so, please list (include pills, tablets, capsules, liquids, inhalers, nebulizers, nasal sprays and injections; whether taken at home or at school:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** CCS does not provide voluntary medical insurance coverage for students. Should a student become injured on the premises or during a school-sponsored event, the student’s family insurance is the primary carrier.

**EMERGENCY INFORMATION AND TREATMENT RELEASE FORM**

***TO PARENT(S) OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed.***

***I, the undersigned, do hereby authorize staff of Calvary Christian School to contact directly the persons named on this PERSONAL DATA FORM and do authorize medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further authorize staff of Calvary Christian School to release any medical information they deem necessary to the care of my child by medical personnel in the event of an emergency.***

***In the event parents or guardians named on this PERSONAL DATA FORM cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.***

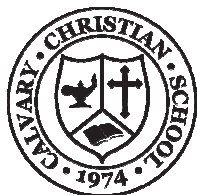
***I will not hold Calvary Christian School financially responsible for emergency care and/or transportation for said child.***

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**B**

## CALVARY CHRISTIAN SCHOOL PERMISSION TO ADMINISTER MEDICATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies to Medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list \_\_\_\_\_ Epi-Pen? \_\_\_\_\_ Asthma? \_\_\_\_\_

<b>Medication Name</b> ( <b>CHECK</b> below all medications which you give us permission to administer to your child)	<b>Medication Form</b>	<b>As needed, as recommended on package for age, for symptoms of:</b>  ( <b>CHECK</b> all that apply)
<b>Acetaminophen</b> (Generic for Tylenol)	Liquid or tablets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
<b>Ibuprofen</b> (Generic for Advil or Motrin)	Liquid, tablets, or caplets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
<b>Guaifenesin &amp; Dextromethorphan</b> (Generic for Robitussin DM)	Liquid	Cough
<b>Diphenhydramine HCl</b> (Generic for Benadryl)	Liquid, capsule, or caplets	Allergic reaction, hives, itching rash, sneezing, or other allergy symptoms
<b>Pseudoephedrine HCl</b> (Generic for Sudafed)	Liquid, tablets, or caplets	Nasal and/or sinus congestion, sinusitis, hay fever, or other upper respiratory allergies
<b>Cough Drops</b> (Any over the counter brand)	Cough drop	Cough, sore or irritated throat
<b>Calcium Carbonate Antacid</b> (Generic for Tums)	Chewable tablets	Upset stomach, indigestion, or heartburn
<b>Hydrocortisone Cream (0.5% - 1% Anti-itch cream)</b>	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation
<b>Calamine/Caladryl Lotion</b>	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation

In signing this form, I acknowledge that I give permission for the above prescription and/or over the counter medications to be administered to my child as indicated; I further acknowledge that I release Calvary Christian School and its staff members/employees from any liability of any nature that might result from the administration of medication to my student.

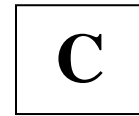
*If a student comes to the nurse's office three consecutive days requesting the same medication, a phone call will be placed to the parent/guardian before any medication is given.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**Calvary Christian School**  
**5955 Taylor Mill Road**  
**Covington, KY 41015**



### **Information for Individual Background Check**

If you will be volunteering at CCS or participating as a chaperone on school trips, you must fill out the information below and **check which payment type you prefer.**

Information on individual whose record is being checked (please print clearly):

Social Security # \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Maiden or Alias Names: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby give Calvary Christian School of Covington, Kentucky, permission to use the previous information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bill my FACTS account the \$10 fee. If a relative, what family should be billed?

\_\_\_\_\_

Check/cash is attached for \$10 fee. Check Number \_\_\_\_\_

I am a coach or bus driver. (No cost)

CCS Staff Member. (No cost)



# Calvary Christian School

## Computer/Mobile Device/Internet Permissible Use Policy

### (Grades K5-4)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Calvary Christian School believes that the Internet has much to offer with its wide variety of resources. Access to the Internet provides a wealth of information resources, research opportunities, communication services and international exposure in ways that would be otherwise unavailable.

Because there is such a wealth of information available on the Internet, material not considered to be of educational value is also available. Some material may contain items that are inaccurate, offensive, satanic or illegal. We have taken precautions to limit access to such materials through the use of Internet filters. It is, however, impossible to control all access to such information and a user may find such material either deliberately or by accident. We believe, however, the benefits to students from on-line access outweigh the possibility that a user may obtain material inappropriate for an educational setting.

We desire that this resource be used in a manner that ensures the continued smooth operation of our computer network and that it will fit into our overall goals and objectives for students at CCS. The Internet user is held responsible for his/her actions when on-line. All users, therefore, must abide by the guidelines as outlined in this policy. If a user violates these guidelines, further access to the Internet and/or use of computers at CCS may be denied. Additional discipline may be administered in accordance with the Parent/Student Handbook.

#### Guidelines:

- A. Access is a privilege, not a right. This privilege requires consideration and responsibility on the part of the user. Inappropriate use will result in suspension or cancellation of computer privileges. The school administration and system administrator will determine what is inappropriate. The administration, faculty or staff may request that the system administrator deny a specific user access. This applies to school computer equipment and personal computer equipment used at school.
- B. Internet access will be permitted only for those who are authorized to use the system and only for an authorized purpose.
- C. Students are expected to use good behavior, proper etiquette and act responsibly, politely and ethically as they use the Internet.
- D. Users are not permitted to use the school computer resources for commercial purposes, product advertising, political campaigning or lobbying.
- E. Network users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive or illegal material.
- F. Physical or electronic tampering with computer equipment is not permitted. This includes, but is not limited to, deliberate changing of settings, activating screen savers, installation of unauthorized software, vandalism, "hacking" or other disruption in the operation of the computer or network. Users shall be responsible for damages to equipment, systems and software from deliberate acts. Any and all costs incurred by CCS for repairs, and/or replacement of software, hardware, and data files shall be the responsibility of the user who created the problem.

- G. Users must not violate copyright laws in the use, installation, distribution, duplication or modification of copyrighted material. Plagiarism will not be tolerated.
- H. Internet users will in no wise use the network for financial gain or carry out financial transactions of any kind.
- I. If a user discovers a security problem in the school's computer network, he or she will notify the system administrator. They will not demonstrate the problem to others. Users shall not attempt to "hack" the computer system.
- J. Users must not use another's account or password nor reveal passwords to others. A user must not attempt to impersonate another person nor use the network to disrupt the work of others or use others' folders, work, data or files.
- K. Students shall not use a computer logged in under another student's name. Users are not to use a computer logged in under a teacher's name.
- L. Users are not to post notes to newsgroups or bulletin boards nor enter any chat rooms. Internet users shall not reveal addresses, phone numbers or other personal information to others on the Internet. Students are not to access social media sites such as Facebook, Twitter, etc., without teacher permission. Devices should be used for "school-related purposes."
- M. Information retrieved by a user is that person's responsibility and at his own risk. Calvary Christian School assumes no liability for the accuracy of any information from the Internet. CCS is not responsible for the loss of data, delays, lack of delivery of information or service interruptions. Although every effort will be made to insure a reliable connection, there may be times when the Internet service is "down" or unavailable.
- N. Students may not download files from the Internet nor upload to/through the school network unless granted permission from a faculty member. Any such files must be checked by a virus scan.
- O. Users shall realize that communications over the network are not guaranteed to be private. System administrators may review files, messages, or data to insure that the system is being used responsibly. Messages supporting illegal activities may be reported to the authorities.
- P. Users shall not load unauthorized games, programs, files or any other media on any school computer system. The computers at CCS are educational tools and are not to be used for one's personal recreation.
- Q. Posting of pictures or videos of students, faculty, or staff without their permission, is strictly forbidden.
- R. Use of personal computers, phones, iPads, etc. are subject to the same above policies when being utilized during CCS hours. Permission for use of these items is managed by the CCS administration and teachers. Teachers maintain final authority for the educational use of technology in their classroom.

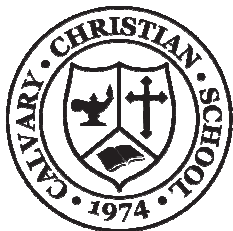
Any violations of the above guidelines may result in loss of computer access, as well as other disciplinary or legal action that is consistent with and in accordance with the Parent/Student Handbook. Your signature below signifies your agreement to comply with this policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## HOMEROOM PARENT (Preschool – 6<sup>th</sup> Grade)

Very often we have parents who express an interest and desire to help in classroom activities during the school year. We count it a real privilege to work with you and we truly appreciate your invaluable assistance and help in so many areas. During the year we have a number of parties, projects, outings and special activity days, for which we need the help of party planners, coordinators, chaperones, drivers, etc.

**Please Note:** Classroom parties are for the enjoyment of the classroom students, teacher, and attending parents. For that reason, younger siblings attending any classroom party are asked to be well-behaved and under the direct supervision of the parent. The principal and teachers have the option of requesting that no younger siblings attend a classroom party due to the various nature of a said activity.

If you have the time and would be interested in serving as a room parent, we would appreciate your involvement with us this school year. We understand, of course, that family, job and other obligations sometimes prohibit parents' participation. We do appreciate not only your practical help, but also your prayer support.

Please look over the list below and check the space that indicates what you would like to do:

- I can serve as head room parent
- I can serve as room parent – assist head room parent
- I could help furnish refreshments
- I could provide supplies such as paper plates, napkins, etc.
- I could be a chaperone on field trips
- I can not participate in any of the above activities, but I will be with you in spirit.

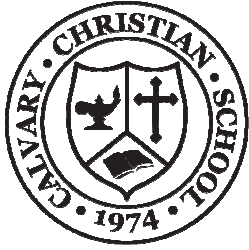
Parent's Name (print) \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Thank you for giving of your valuable time and willingness to help. We consider it such a privilege to work with you and your child.



Dear CCS Parents:

It is time once again for our annual Scoliosis Screening Program. This will involve our 6<sup>th</sup> and 8<sup>th</sup> grade students and will take place during the school year.

Simply stated, scoliosis is an S-shaped curvature of the spine. In its early years, it is painless and appears gradually, especially during the years of rapid teenage growth. It is often confused with poor posture.

Screening for scoliosis is relatively easy and will only take a minute or two for each student. It involves the nurse looking at the child's back while standing and bent forward. The student will need to wear a loose fitting top because the exam requires the shirt to be pulled up and the spine to be visible.

If further examination is indicated, you will be notified by the school nurse and requested to take your child to your family physician or pediatrician for further evaluation.

Please fill out the permission form below and return it to us as soon as possible.

Thank you,

Kim Dean, RN

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## Scoliosis Permission Form

(Please check one): ( ) I Do ( ) I Do Not want my child to participate in the School Scoliosis Screening Program for detecting a possible curvature of the spine.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Is your child being treated for scoliosis? \_\_\_\_\_



# CCS EXTENDED CHILD CARE (ECC)



Calvary Christian School offers to parents an Extended Child Care (ECC) service for their CCS children in grades K3-12 **after** school hours. The preschool through kindergarten care takes place in the preschool house. For 1<sup>st</sup>-12<sup>th</sup> grade, ECC takes place in the CCS lunchroom. The ECC program includes a snack, supervised study time and limited recreation activities. ECC is only available to CCS students. The ECC program follows the same school calendar and observes the same holidays and days off as CCS. Elementary, MS and HS athletes utilizing ECC while waiting for practices will be charged at regular ECC rates. **There is no ECC on half days!**

ECC DAILY HOURS: 3:30 – 6:00 pm

ECC CHARGES:	<u>Per Half Hour</u>	<u>Per Hour</u>	<u>After 6:00pm</u>
Cost <b>per child</b>	\$ 3.00	\$ 6.00	\$ 9.00 every 15 minute interval

ECC is in operation until 6:00 pm. Students not picked up at school by 3:30 pm will be directed to the ECC room and assessed the appropriate charges. There is a grace period from 3:10-3:30 pm each day, but charges will begin at 3:30 pm; with a half hour per student minimum.

**AFTER 6:00 PM THERE IS A CHARGE OF \$9.00 PER CHILD FOR EVERY 15 MINUTE INTERVAL. (Minimum charge of \$9.00)**

**NOTE: ECC charges will be billed to your family's FACTS account at the end of each month.**

## **AFTER SCHOOL CHILD CARE REGISTRATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

List Any Allergies? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Names of any persons that do NOT have permission to pick up my child from ECC:

\_\_\_\_\_

✓ *I understand the guidelines and agree to pay all charges occurred on behalf of my child(ren).*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# VOLUNTEER AT CCS

I

One of the major factors of Calvary's success is our incredible parental involvement/support!

Please list the school events you would like to help with this year and submit with your Orientation forms.

**Remember to complete your Volunteer Background Form (\$10.00) with the Orientation Day Forms**

*Thank you so much for supporting the ministry of Calvary Christian School!*

## Volunteer in CCS Departments:

LIBRARY     LUNCHROOM     NURSE'S OFFICE     T.R.I.P. OFFICE  
 ATHLETICS     BUS DRIVER     OFFICE HELP     MAINTENANCE

## Volunteer at PTCA Events:

CHRISTMAS BOUTIQUE—Thursday & Friday, December 7th & 8th  
 CANDY GRAMS—Wednesday, February 14th  
 SCRAPBOOKING DAY/COUGAR CROP—Friday/Saturday, March 2nd & 3rd  
 COLLECT: Box Tops, Campbell's Labels, Tyson A+ and My Coke Rewards (work from home)

## Volunteer at School Events:

GRANDPARENTS' DAY—Friday, October 6th—8:15-10:30 am  
 VETERANS DAY CELEBRATION—Friday, November 10th—9:30-11:00 am  
 COUGAR FUN RUN— March 20-29  
 HS MUSICAL—Parent Promotional/Advertising Committee, March 2017  
 ALL PRO DADS REFRESHMENTS (grades 4-8) - one Friday per month

Name of Volunteer: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to CCS:     Parent     Grandparent     Relative     Alumni     Friend



## CCS PRIVATE MUSIC LESSON REGISTRATION REQUEST

I desire to have \_\_\_\_\_, who is in grade \_\_\_\_\_, teacher \_\_\_\_\_, enrolled for private music lessons for the school year. The cost will be \$15.00 per piano lesson, and \$17.50 per voice or instrument lesson. I will pay the appropriate fee billed to me through FACTS or given to the teacher (payable to CCS) as requested by the teacher. I would prefer, if schedule permits, to have the lessons: (Check all that apply)

\_\_\_\_\_ During school      \_\_\_\_\_ After school      \_\_\_\_\_ Available during blocks \_\_\_ or \_\_\_ (7-12 only)  
\_\_\_\_\_ Voice      \_\_\_\_\_ Piano      \_\_\_\_\_ Instrument (which one \_\_\_\_\_)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

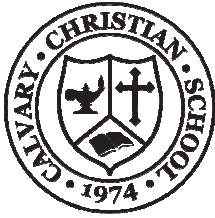
Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Return upper portion to the CCS office\*\***

**\*\*Keep lower portion for your records\*\***

### MUSIC LESSON POLICY

1. PAYMENT: Lesson fees will be billed to your FACTS account or collected by the teacher depending on the regularity of the lessons. All are payable to CCS.
2. LESSON TIME: The instructor will contact you to schedule a time after consulting with your teachers.
3. EXCUSED ABSENCES: Due to sickness by student or teacher, injury, field trips, special school activities, or vacation. Please contact the teacher 24 hours in advance, if at all possible. Excused if CCS administration cancels school.
4. UNEXCUSED ABSENCES: Forgetting lesson, lack of practice, last minute cancellations except emergencies, will be unexcused and the lesson possibly forfeited and no refund given.



## Calvary Christian School

5955 Taylor Mill Road  
Covington, KY 41015

K

### PHOTOGRAPH PERMISSION FORM 2018-2019

During the school year, Calvary Christian School and media representatives may want to interview, photograph, or videotape your child(ren) for use in publications, television reports, school website pages, social media, and public presentations or live stream of school events. The pictures may be of groups of students or individuals, and the students' name may be used.

**NOTE:** *CCS is not responsible for pictures posted by parents on social media!*

**Please complete the section below and return the form to the office.**

\_\_\_\_\_ I give permission for my child to be photographed, interviewed and permission to have my child's name used.

\_\_\_\_\_ I give permission for my child to be on live stream video during school events.

\_\_\_\_\_ I **do not** give permission for my child to be photographed, to be on live stream video during events, or interviewed and I do not want my child's name used on any publications. (**Please attach a picture of your child to this form.**)

**Note:** *This does not include yearbook.*

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Teacher/Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian