

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.

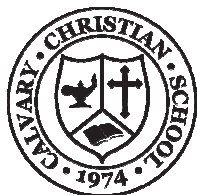
I will not hold Calvary Christian School financially responsible for emergency care and/or transportation for said child.

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? _____

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

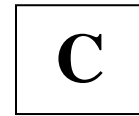
If a student comes to the nurse's office three consecutive days requesting the same medication, a phone call will be placed to the parent/guardian before any medication is given.

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

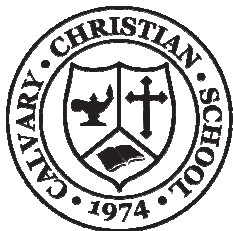
Date

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)



HOMEROOM PARENT (Preschool – 6th 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.

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 1st-12th 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 per child	\$ 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



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