



EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL
 (Elementary, Preschool, Kindergarten, Child Care, Before & After school Care)
538 West State Street, Eagle, ID
 Phone 208-938-0093, Preschool & FAX 939-5544
 Website: eagleadventistchristian.com

(Revised 8/2017)
Elementary

REGISTRATION INFORMATION & CONTRACT

Today's Date _____

Students Full Legal Name _____
 Last Name First Middle SS#
 Birth date _____ Sex: Male Female Nickname _____
 Age _____ Place of Birth _____ Family Church Preference _____
 Years Months

For Seventh-day Adventist Students only: Which church are you a member of?
 Father _____ Yr. baptized _____ Grade child is entering _____
 Mother _____ Yr. baptized _____
 Child _____ Yr. baptized _____

PARENT & GUARDIAN INFORMATION:

Parent/Guardian #1 _____
 (Primary Address) Last Name First Middle S.S.#
 Address #1 _____
 Street City/State Zip Billing E-mail Address
 Phone #1 _____
 Home Business Cell FAX
 Business #1 _____
 Occupation Employed By

Parent/Guardian #2 _____
 Last Name First Middle S.S.#
 Address #2 _____
 Street City/State Zip Alternate E-mail Address
 Phone #2 _____
 Home Business Cell FAX
 Business #2 _____
 Occupation Employed By

Emergency Call 1. _____
 Person other than parent Home Number Cell Work
 2. _____
 Person other than parent Home Number Cell Work

Authorized escorts in case parent cannot be reached.
 Name Address Home Phone Cell _____
 Name Address Home Phone Cell _____

I would like to contract for the following services: Requested school-start date for child:_____

Elementary School -

Last school attended _____ Grade last year _____ Teacher _____

Kindergarten

Kindergarten - 1/2 day am _____ (5 yr. old by Sept. 1)

Preschool (3-5 yr. olds)

- 1. Preschool Only: (Half-day, 8:30 a.m. to 12:30 noon) M___ T___ W___ Th___ F___
- 2. Preschool and Child Care (Full-day, 7:00 a.m. to 6:00 p.m.*) M___ T___ W___ Th___ F___

Child care (all ages) 7am - 8:30am, Noon - 6pm or 3:30pm - 6pm

I will need my child taken to/picked up from Eagle Elementary: am _____ noon _____ pm _____ Eagle Hills: am _____ noon _____ pm _____

- 1. Before school care: M___ T___ W___ Th___ F___ As Needed _____ (7am-8:30am)
- 2. After Kindergarten care: M___ T___ W___ Th___ F___ As Needed _____ (12-6pm)
- 3. After school care: M___ T___ W___ Th___ F___ As Needed _____ (3:30pm-6pm)
- 4. Summer care: M___ T___ W___ Th___ F___ As Needed _____ 1/2___ full ___

***DURING THE MONTHS OF NOVEMBER THROUGH FEBRUARY THE CHILD-CARE CENTER WILL CLOSE AT 5:00 P.M. EVERY FRIDAY.**

I found out about this school through: TV _____ Radio _____ Yellow pages _____ Magazine _____
(Please check all that apply) Pamphlet _____ Mail _____ Friend (Name) _____

Handbook Information

Idaho law (Idaho Code 18-8327 and 18-8414) prohibits the Eagle Adventist Christian School & Child-Care Center, from employing, using as volunteers, or allowing any person on the premises who is registered or required to be registered under the sex offender mandatory registration requirements of Idaho law. The only exception to this prohibition is that such person shall be allowed to drop off and pick up that person's own child or children. If you are presently registered or required to be registered under Idaho sex offender mandatory registration requirements, you must adhere to these restrictions and you have a duty to notify us so that we can assist you in meeting these restrictions. By signing below, you verify that you are not subject to such registration requirements. If you are subject to such registration requirements, please note this on this form prior to signing.

I have read the parent handbook and will give my support in upholding its policies. _____ initial

If no payments or arrangements have been made on your account for a period of 3 months, the account will automatically be turned over to a collection agency. In the event that the account becomes delinquent and payment is not made on amounts owing under the terms of this agreement, and the balance is placed with a licensed collection agency, the account holder agrees to pay the fees of the collection agency, which amount is theretofore agreed to be 40% of the outstanding balance at the time the account is placed for collections. The 40% collection agency fee will be calculated and added at the time the account is placed into collections. _____ initial

I give access to school teaching staff to information/medical records contained in school records. _____ initial

I hereby grant permission for my child to be included in valuations and pictures connected with the school program. _____ initial

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Date accepted

Signature of Director/Principal

EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL
538 WEST STATE STREET, EAGLE, IDAHO 83616
208-938-0093, 208-939-5544

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

We, the under signed parents or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M. D., (phone # _____) or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL or the physician to exercise the best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above and to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to CHRISTIAN EDUCATORS INSURANCE TRUST, through it's representative, at the IDAHO CONFERENCE OF SEVENTH-DAY ADVENTISTS any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. 1320d and 45 CFR 160 through 164. A Photostat copy of this authorization shall be considered as effective and valid as the original.

MY CHILD IS ALLERGIC TO THE FOLLOWING FOODS / MEDICATIONS: _____

I give permission for allergies to be posted (initial) _____

Signature of Father Date _____

Signature of Mother Date _____

Signature of Legal Guardian Date _____

Witness
Phone #s where we can be reached _____

INSURANCE

Medical insurance company _____ Phone _____
Address _____ Group number _____
Name of insured _____ Insured ID# _____

I verify that the information listed is complete an accurate.

Signature of parent/guardian Date _____

IMMUNIZATIONS

PLEASE ATTACH A PHOTO-COPY OF CHILD'S IMMUNIZATION CARD.
ALL IMMUNIZATIONS MUST BE UP TO DATE BEFORE CHILD CAN BEGIN SCHOOL

Eagle Adventist Christian School
538 West State Street
Eagle, Idaho 83616
208-938-0093

Permission Slip

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips or emergency evacuations using the bus or staff members cars. All drivers are screened and background checked.

I hereby grant permission for my child to be included in valuations and pictures connected with the school program.

I hereby grant permission for the principal, or acting principal/school nurse, to take whatever steps necessary to obtain medical care if warranted. These steps may include but are not limited to the following:

- A. Attempt to contact the parent/guardian.
- B. Attempt to contact you through any of the persons listed on the Registration form.
- C. If we are unable to contact you or the persons listed, we will do any or all of the following:
 - 1. Call 911
 - 2. Have child taken to the closest emergency hospital (St. Al's in Eagle) in the company of a staff member.
- D. Any expenses incurred under "C" above, will be the responsibility of the child's family.
- E. Eagle Adventist Christian School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- F. The Eagle Adventist Christian School will not be responsible for a child that has not been properly signed in on arrival each day.

Signature of Mother/legal guardian

Date

Signature of Father/legal guardian

Date

Signature of Principal

Date