



# Cedar Road Christian Academy

## ENROLLMENT CHECKLIST – SUBMIT WITH FORMS

School Year \_\_\_\_\_

**Welcome to CRCA!** Following the listed enrollment steps and checking off the items as completed on the checklist below will assist in ensuring all requirements are met for student enrollment. Required forms are all found in your New Student Enrollment Packet.

**Step One:** Complete **ALL** pages of the Registration forms included in your packet. Please **Print** legibly and leave no blanks. If an item on a form does not apply, fill in with “N/A”. Please ensure that the forms are signed and dated in the appropriate spaces. Required forms include:

Child’s Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

- \_\_\_\_\_ *Registration Form*
- \_\_\_\_\_ *Grandparent Information*
- \_\_\_\_\_ *Student Information*
- \_\_\_\_\_ *Emergency Treatment*
- \_\_\_\_\_ *Activities Permission*
- \_\_\_\_\_ *Student Record Release Form*
- \_\_\_\_\_ *Discipline Policy Acknowledgement Page*
- \_\_\_\_\_ *Parent Handbook Acknowledgement Page*
- \_\_\_\_\_ *Publication (social media) Release Form*

**Step Two:** Submit the following **with** the above completed registration forms:

- \_\_\_\_\_ *Non-refundable Registration Fee Per Current Fee Schedule (space not reserved until fee paid)*
- \_\_\_\_\_ *Copy of Birth Certificate (proof of age)*
- \_\_\_\_\_ *Immunization Records & Health Form (found in packet) completed by a physician*
- \_\_\_\_\_ *Most Recent Report Card (Pre-K through 4<sup>th</sup> grade)*

**Step Three:** Upon completion and acceptance of the above, stop by the office to sign your Tuition Agreement. Once signed, please follow the instructions included in your packet to set up your family **FACTS Tuition Payment Plan online**. **Enrollment in FACTS to pay tuition and fees is mandatory.** Our designated page can be found at

<https://online.factsmgt.com/signin/3R3YD>. **Please note:** It takes two weeks for your FACTS account to activate, so it is imperative to sign up as soon as possible. Fees must be paid in the office for the first two weeks.

- \_\_\_\_\_ Signed Tuition Agreement – Parent & CRCA Representative
- \_\_\_\_\_ FACTS Account with Banking Information Set up by Parent
- \_\_\_\_\_ FACTS Account Finalized by CRCA Accounting, based on Signed Tuition Agreement (checked by the office)

**Step Four: You are now officially enrolled at Cedar Road Christian Academy!** Confirm your child’s start date with our office. Please log on to [www.renweb.com](http://www.renweb.com) to create your Parents Web account to have access to view grades, report cards, school calendars, receive emergency text alerts, email teachers and more. Sign up information is in your packet.

### Have questions?

Contact our office by phone at **757-547-9553**. You may also email us:

**Administrator/Pastor:** Mr. Ben Bonnici – [pastor@cedarroadaq.com](mailto:pastor@cedarroadaq.com)

**Director:** V. Tracy Savage [director@cedarroadaq.com](mailto:director@cedarroadaq.com)

**Assistant Director:** Diane Fox – [diane@crcakids.com](mailto:diane@crcakids.com)

**Accounting:** [accountant@cedarroadaq.com](mailto:accountant@cedarroadaq.com)



**CEDAR ROAD CHRISTIAN ACADEMY**  
 916 Cedar Road Chesapeake, VA 23322  
 (757)547-9553  
**ENROLLMENT FORM**

<b>Office Use</b>
Start Date _____
Teacher _____

Summer 2018     Fall 2018-19     Both

<b>Student Name</b> _____	<b>Gender:</b> M or F
(Last)                      (First)                      (Full Middle Name)                      (Nickname if used)	(circle one)
<b>Address:</b> _____	<b>Home phone:</b> _____
Street Address	
_____	<b>Age:</b> _____ <b>Birthday:</b> _____ - _____ - _____
City, State, Zip	(Month)    (Day)    (Year)
<b>Mother's Name/Guardian:</b> _____	
Address (city, state, zip): _____	
Home Phone: _____	Cell Phone: _____    E-Mail Address: _____
Work Address: _____	Work Phone: _____    Company Name: _____
Parent Alert Preference (check one):    Home Phone _____    Cell Phone _____    Both _____	
<b>Father's Name/Guardian:</b> _____	
Address (city, state, zip): _____	
Home Phone: _____	Cell Phone: _____    E-Mail Address: _____
Work Address: _____	Work Phone: _____    Company Name: _____
Parent Alert Preference (check one):    Home Phone _____    Cell Phone _____    Both _____	

<b>My child is being enrolled into the following program (check one only):</b>
_____ <b>Full Time CRCA Preschool &amp; Elementary students attending both school <i>and</i> daycare)</b> (Circle One): N-2    PS3    PreK-4    K5    1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>
_____ <b>Preschool Only (8:00 a.m. – 12:00 p.m.): (Circle One) Preschool-3 or PreK-4</b>
_____ <b>School Only (8:00 a.m. – 3:00 p.m. (Circle One): K5    1<sup>st</sup> gr.    2<sup>nd</sup> gr.    3<sup>rd</sup> gr.    4<sup>th</sup> gr.    5<sup>th</sup></b>
_____ <b>After School only: Public School Students only –List School Name AND Grade: _____</b>
_____ <b>Before &amp; After School From Cedar Road Elem. Only – List Grade: _____</b>
<b>Has your child ever been enrolled at CRCA before?</b> YES _____ NO _____ If yes, what year: _____
<b>Referred by:</b> _____

**PICK UP AUTHORIZATION (at least one other in addition to parents or guardians)**

Cedar Road Christian Academy is authorized to release my child to the following people

Name:	Daytime phone: Please Indicate cell or home	Relationship to child:	Complete Address: (If Grandparent also include email)	Also Emergency Contact? Yes or No

### Consent to Administer Medication

- CRCA has opted-in to administer prescription and non-prescription medication to students.
- Please inform CRCA if your child has taken any medication before arriving at school in the morning!
- CRCA will make every attempt to contact parents before administering the Non-Prescription medications listed below.
- Non-Prescription and Prescription medications are only administered and dosed according to the prescription and/or the recommended dosage on the original medication container.
- In the event your child becomes ill while at CRCA, your initials below signifies your consent, and allows CRCA to administer medication to your child, even in the event you cannot be reached. This includes both prescription and non-prescription medication.
- All medications brought to CRCA must be in its original container.
- Prescription medications must also be accompanied by a completed form and signed by a physician.

*Cedar Road Christian Academy has my permission to administer the following non-prescription medication(s), which are provided by CRCA, to my child when needed and according to the dosage recommended by the manufacturer:*

\_\_\_\_\_ Children's Fever Reducer      \_\_\_\_\_ Children's Pepto Bismol      \_\_\_\_\_ Tums  
\_\_\_\_\_ Children's Benadryl      \_\_\_\_\_ I do NOT give consent - Please contact me immediately.

❖ I understand ALL medications provided by parents and brought in to CRCA must be accompanied by a completed Medicine Administration Form (provided by the office). In addition, prescription medications must also have a physician's signature.

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

**If there is a situation that you would like us to be especially aware of, such as any special needs, allergies or child custody issues, please explain in the space provided below:**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### For Office Use

**Fees Paid at Registration:**

Date \_\_\_\_\_ Total Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

**Payment Distribution:**

Registration \_\_\_\_\_ Books \_\_\_\_\_ Cap \_\_\_\_\_ Spec. Project \_\_\_\_\_ Testing \_\_\_\_\_

Nap Mat \_\_\_\_\_ Lunch \_\_\_\_\_ Tuition \_\_\_\_\_ Week (s) of \_\_\_\_\_

T-Shirt \_\_\_\_\_ Size \_\_\_\_\_ Hoodie \_\_\_\_\_ Size \_\_\_\_\_

**Verification:**

Birth Certificate Number: \_\_\_\_\_ Place of Birth \_\_\_\_\_

D.O. B. \_\_\_\_\_ Verified by \_\_\_\_\_

**CEDAR ROAD CHRISTIAN ACADEMY**  
**Student & Family Information**

**STUDENT INFORMATION**

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME CHILD IS CALLED: \_\_\_\_\_ SEX: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**MOTHER**

Maiden Name: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Current place of Employment? \_\_\_\_\_ POSITION \_\_\_\_\_  
Employment Address: \_\_\_\_\_  
Hours worked (list hours): FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

**FATHER**

Name: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Current place of Employment? \_\_\_\_\_ POSITION \_\_\_\_\_  
Employment Address: \_\_\_\_\_  
Hours worked (list hours): FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

**BROTHERS AND SISTERS**

Name(s)	Date(s) of Birth:
_____	_____
_____	_____
_____	_____

Others living in the household not listed above (other relatives, roomers, maids, etc.):

Name(s)	Relationship to Child
_____	_____
_____	_____
_____	_____

**Please provide the name, address, and phone number of the person who would assume responsibility for your child in the event of an emergency (if the school is unable to contact parents):**

NAME: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE # : \_\_\_\_\_

ADDRESS (city, state, zip): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**PLEASE SHARE WITH US ABOUT THE FOLLOWING:**

Has your child attended any other schools or child care centers? YES NO

Name of school or center attended & city: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Does your child enjoy outdoor play? \_\_\_\_\_

Does your child have any allergies? NO YES (Please list): \_\_\_\_\_

How does the allergy affect your child? \_\_\_\_\_

Does your child take medication? YES NO

Condition requiring medication: \_\_\_\_\_

What are the ages and sexes of the children with whom your child has played most during the past year?

What types of play do they engage in? \_\_\_\_\_

How does your child get along with others? \_\_\_\_\_

What serious illness, if any, has your child had? \_\_\_\_\_

Sleep and nap habits: \_\_\_\_\_

Eating habits and difficulties: \_\_\_\_\_

Fears: \_\_\_\_\_

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.): \_\_\_\_\_

How do you correct your child? \_\_\_\_\_

Favorite play activities: \_\_\_\_\_

Favorite books and stories? \_\_\_\_\_

Family Church affiliation in the community? YES NO Which one? \_\_\_\_\_

Does your child attend Sunday School? YES NO

List any other organizations/activities he/she attends: \_\_\_\_\_

# **EMERGENCY TREATMENT PERMISSION FORM**

## **CEDAR ROAD CHRISTIAN ACADEMY**

**916 Cedar Road  
Chesapeake, VA 23322**

*Please complete and return this form to CRCA immediately*

**CHILD'S FULL NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
(Please Print) (Mo/Day/Yr.)

### **PERMISSION TO SEEK EMERGENCY TREATMENT**

In the event that reasonable attempts to reach me at (phone number) \_\_\_\_\_ or \_\_\_\_\_ (other parent or guardian) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or in the event the preferred physician is unavailable, by another licensed physician, and the transfer of my child to \_\_\_\_\_ or any hospital reasonably accessible. (preferred hospital name)

This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent or Guardian Signature & Printed Name

\_\_\_\_\_  
Date

### **ALTERNATE EMERGENCY PROCEDURE PLAN**

**I do not give my consent for emergency treatment of my child.** In the event of illness or injury generally requiring emergency treatment, I wish Cedar Road Christian Academy authorities to TAKE NO ACTION or, in the alternative, to:

#### **SPECIFY ACTION ON THIS LINE**

\_\_\_\_\_  
Parent or Guardian Signature & Printed Name

\_\_\_\_\_  
Date

In order to help Cedar Road Christian Academy personnel in notifying you and the Preferred Physician, please provide the following information:

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's/Guardian's Home Phone: \_\_\_\_\_

Father's/Guardian Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's/Guardian Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person authorized to act on behalf of the child if neither parent can be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Religiously Exempt Child Day Center  
Program Decision to Administer Medications**

My program has made the following decision regarding the administration of medications to a child in my program:

I (or my staff) **WILL** administer prescription and non-prescription medications.

Provider and the parent of each enrolled child must sign below. **The provider must maintain a copy of this form in each child’s individual record.**

**Provider’s Name (please print): V. Tracy Savage**

Facility Name: **Cedar Road Christian Academy** Provider’s Signature: V. Tracy Savage

Date: **August 16, 2016**

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Staff to Administer Prescription Medications**

The program will administer prescription medications in accordance with the physician’s or other prescriber’s instructions and in accordance with the standards of practice in the MAT training. Only a provider who has successfully completed the MAT training or has appropriate licensure to administer prescription medications and is listed as a medication administrator in the Program’s Decision Regarding Medication Plan will be permitted to administer prescription medications in my program.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my program requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

I understand that to be approved to administer prescription medication, all individuals listed in my PROGRAM’S DECISION REGARDING MEDICATION plan (unless the individual is licensed to administer prescription medications) must have a valid:

- Medication Administration Training (MAT) certificate;
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license; and
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license. X

**Medication Administrator(s)**

MAT certificates (or documentation of licensure to administer prescription medications), age appropriate first aid certificates, and CPR certificates for the staff listed below will be kept on site and be available upon request.

Provider/Staff Name: V. Tracy Savage

Provider/Staff Name: Diane Fox

Provider/Staff Name: \_\_\_\_\_

Provider/Staff Name: \_\_\_\_\_

**Confidentiality Statement**

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child (for further information on the Rehabilitation Act seek legal counsel and/or go to the following website:

<http://www.dol.gov/oasam/regs/statutes/sec504.htm>

**Provider Statement**

I understand that it is my responsibility to follow my *PROGRAM'S DECISION REGARDING MEDICATION* plan and all health and infection control regulations applicable to my child day program.

I will verify and document the credentials for all new staff certified to administer prescription medications before the staff is allowed to administer prescription medications to any child in my child day program.

The *PROGRAM'S DECISION REGARDING MEDICATION* plan will be made available to parents at enrollment, whenever changes are made and upon request.



**CEDAR ROAD CHRISTIAN ACADEMY**  
**ACTIVITIES PERMISSION FORM**

I hereby give my child, \_\_\_\_\_,  
(Print Child's Full Name)

to participate in all activities, functions, field trips and events of Cedar Road Christian Academy and Daycare.

I understand that prior notification and a permission slip will be given for any off campus related activities.

My child has the following limitations which may require additional assistance or care:

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

\_\_\_\_\_  
**Please Print** – Parent's or Guardian Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



## **STUDENT PHOTO/IMAGE INFORMATION**

Dear Parent/Guardian:

Throughout the school year, our CRCA students may be highlighted in photographs and short videos in effort to promote student achievement, our academic and childcare programs, our many school events & functions, various fieldtrips, as well as our Summer Camp. Photos are taken by school staff, submitted by parents who may take photos at events, and professional photographers at our request/hire.

Cedar Road Christian Academy will not print any student names or other personal information that will single out or identify a child. Children are generally in group photos of two or more students, except for the yearbook in which an individual portrait is also used. During the current school year, your child's image/photograph or work (i.e. artwork, Science project, etc.) may be used by Cedar Road Christian Academy as listed below.

### **INCLUDED IN:**

- Yearbook or Yearbook CD.
- School brochures and informational flyers used in visitor packets that are given to prospective families.
- School Media: our website [www.crcakids.com](http://www.crcakids.com) and our school Facebook page <https://www.facebook.com/crcakids/?fref=ts> (look for yellow shirts).
- Advertisement in local newspapers, such as the Virginia Pilot (written and online publications).
- On the CRCA premises, walls and posters.
- Videos which are shown during school programs (i.e. Christmas, Grandparent's Day, Graduation and Awards Ceremony, etc.), as well as posted on our school website and school Facebook page.

**Please review and sign consent/non-consent on back side of this form.**

Cedar Road Christian Academy



**CONSENT TO RELEASE PHOTO/IMAGE**

**I give my consent** to Cedar Road Christian Academy to publish photographs and videos in which my child appears while he/she participated in any programs at Cedar Road Christian Academy. This would include, but not be limited to use of photographs/videos in school brochures, school media sites, emails, advertising, videotapes, and other like publications as mentioned in page one of this form.

**I understand** that I may revoke this consent, by doing so in writing and submitting it to the Cedar Road Christian Academy administration. I may also request in writing that any photo or video of my child be removed from a particular site if I deem it necessary at a later date. I also acknowledge that if the school inadvertently includes my child’s photograph in one of the above media, I will advise the administration immediately so that the school can rectify the issue.

**Child’s Printed Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

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

**NON-CONSENT OF PHOTOS AND VIDEOS RELEASE**

\_\_\_\_\_ **I do not consent** to the release of my child’s image in photographs or video as listed above. I also acknowledge that if the school inadvertently includes my child’s photograph in one of the above media, I will advise the administration immediately, so that the school can rectify the issue.

\_\_\_\_\_ Please **also exclude** my child’s picture from the CRCA yearbook. **Please note, if left blank your child’s photographs WILL be included in the school printed yearbook- not the CD version.**

**Child’s Printed Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

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

## GRANDPARENT'S DAY INFORMATION

**Grandparent's & VIP Day** is an important time here at CRCA. Every year we celebrate our Grandparent's and the other Very Important People in our lives, with a special brunch and program their honor. We will send out invitations to spend a memorable day with us. Please assist us by providing your child's grandparent or VIP information. Thank you!

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Grandparents Name:** \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
Street city State zip

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

**VIP Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
Street city State zip

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

**Grandparents Name:** \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
Street city State zip

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

**VIP Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
Street city State zip

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

**Grandparents Name:** \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
Street city State zip

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



# Cedar Road Christian Academy

916 Cedar Road

Chesapeake, VA 23322

Phone: (757) 547-9553 Fax: (757) 549-1333

## STUDENT RECORD RELEASE FORM

In order for the Student Services Office to obtain the records of a student applying to Cedar Road Christian Academy, it is necessary that the parents or guardians complete this form. Please return it to us with the application.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street

City

State

Zip

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

### PREVIOUS SCHOOL INFORMATION

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

Years Attended: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Street

City

State

Zip

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

### REQUESTED INFORMATION (Copies Only)

- Academic Records (include current year's grades)
- Standardized Test Records
- Discipline Records
- Health Records

### AUTHORIZATION STATEMENT AND SIGNATURE

I authorize you to furnish Cedar Road Christian Academy with the above information.

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

Please Mail Records to:

Cedar Road Christian Academy  
Att: Records  
916 Cedar Road  
Chesapeake, VA 23322

OFFICE USE	
1 <sup>st</sup> Request	_____
2 <sup>nd</sup> Request	_____
3 <sup>rd</sup> Request	_____



## **PARENT HANDBOOK**

I hereby acknowledge that I have received a copy of the Cedar Road Christian Academy Parent Handbook, which includes the CRCA Discipline Policy.

By my signature, I agree to abide by the handbook and the policies outlined.

Student's Printed Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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

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