

\* Required

# Piqua SDA Christian School

## K-6 Re-Registration for the 2020-2021 School Year

### Enrollee Information

Student Full Legal Name\* \_\_\_\_\_

Street Address *(if changed)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

Student Home Phone\* \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Grade Placement\* \_\_\_\_\_

### Religious Affiliation

Is the student a baptized Seventh-day Adventist? \*      Yes \_\_\_\_\_      No \_\_\_\_\_

Is a parent/guardian baptized Seventh-day Adventist? \*      Yes \_\_\_\_\_      No \_\_\_\_\_

#### Student Baptism

Church \_\_\_\_\_ City \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_

### Household

Are there any family issues we should be made aware of?

\* Required

## Emergency Contacts

In addition to the parents, please list persons other than the custodial parents we may contact in the event of an emergency.

### Emergency Contact 1

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\* \_\_\_\_\_ Salutation\* \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone\* \_\_\_\_\_  
Relationship to Applicant\* \_\_\_\_\_  
Email Address\* \_\_\_\_\_

### Emergency Contact 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender \_\_\_\_\_ Salutation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Email Address \_\_\_\_\_

\* Required

## Authorized Pickup

Please list persons other than the custodial parents you give permission to pick up your child from school. Your child will only be allowed to leave with the people listed below.

### Authorized Pickup 1

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\* \_\_\_\_\_ Salutation\* \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone\* \_\_\_\_\_  
Relationship to Applicant\* \_\_\_\_\_  
Email Address \_\_\_\_\_

### Authorized Pickup 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender \_\_\_\_\_ Salutation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Email Address \_\_\_\_\_

### Authorized Pickup 3

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender \_\_\_\_\_ Salutation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Email Address \_\_\_\_\_

### Authorized Pickup 4

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender \_\_\_\_\_ Salutation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Email Address \_\_\_\_\_

\* Required

## Medical Information

Medical information is very important for Piqua SDA Christian School to have for each student. This information helps the staff take the very best care of your child if the need arises.

In an emergency, we will attempt to contact you; the emergency may require that we call 911. Please make sure you choose "Permission to Treat" below, in case we are not able to contact you in a medical emergency.

Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Insurance

Company \_\_\_\_\_

Policy \_\_\_\_\_ Group \_\_\_\_\_

## Permission to Treat Form

I, \_\_\_\_\_ certify that I am the parent or legal guardian of the minor listed below and as such, I hereby convey temporary authority to the below designated adults for the sole purpose of obtaining or arranging any emergency medical or dental care for the minor as may be deemed necessary for the well-being of my child when not accompanied by a parent / legal guardian or should either parent / legal guardian be unreachable by telephone.

Therefore, I hereby approve and empower the below listed individuals with the authority to arrange and/or consent for any and all emergency medical/dental care and treatment of my child in my absence.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home/Work Number

\_\_\_\_\_  
Cell Number

\* Required

**Please list any medical/health conditions.**

Does the student have any medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

Does the student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

Does the student have any speech/communication concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

Does the student have any dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

Does the student have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

Does the student have ADD/ADHD? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

\* Required

**Over the Counter Medication**

Under no circumstances will an initial dose of medication be given to your student; in other words, by signing this authorization form, you are certifying that the medications authorized have been administered to your child at some time in the past without serious adverse reactions. This authorization is to remain in continuous effect for the academic year of this application until rescinded in writing by the parent/guarding.

I authorize the use of the following non-prescription medication(s) as needed:

Tylenol*	Yes _____	No _____
Ibuprofen*	Yes _____	No _____
Antibiotic ointment*	Yes _____	No _____
Hydrocortisone cream*	Yes _____	No _____
Antacid*	Yes _____	No _____
Cough drops*	Yes _____	No _____
Benadryl*	Yes _____	No _____

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

\_\_\_\_\_  
Date

## Handbook Acknowledgement

It is very important that parents and students review the handbook and understand all policies. Please review the handbook you were give or the one that is updated on the school website.

**Parent:**

I have received a copy of the current academic year's Piqua SDA Christian School handbook. I understand that I am responsible for reading the handbook and complying (and heling my child comply) with its requirements. I further understand that enrolling my child in Piqua Seventh-day Adventist Christian School constitutes my acknowledgement of agreement to the financial contact for my child's education.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to child

## Technology Acceptable Use Acknowledgement

Technology is part of the lives of all children today. In an effort to keep your student safe in this world, please review the following information with your child before signing.

*Basic Computer Ethics* I agree to:

- I will not use an Electronic Device / Technology to harm other people, steam, or tell untruths.
- I will not snoop in other people's files, use their electronic device resources without permission, claim another's work as my own, or interfere with another's electronic device work.

*Basic Online Safety Rules* I agree to:

- I will not download or install anything without my teacher's permission.
- I will not give out personal information, such as my full name, address, telephone number, or information about my parents, school, or others without parent or teacher permission.
- I will turn off my electronic device screen and tell my teacher right away if a website contains words, ideas or pictures that are inappropriate to the Christian principles and values Piqua SDA Christian School strives to provide on campus.
- I will not open emails form or chat with someone online at school unless my teacher approves. I will never send a picture of myself, my home, or copy of anything personal over the internet, and I will tell my teacher and parents right away if someone asks me to do these things.
- Cyberbullying is not tolerated at Piqua SDA Christian School. Participating in this type of bullying may result in suspension or expulsion.
- Teachers will inform students of other safety issues if they arise during the school year.

Consequences if I breach this agreement: Any violation of this Acceptable Use of Agreement will be dealt with swiftly and with consequences including, at the minimum, being banned from all electronic device usage and possibly earning a suspension or expulsion from Piqua SDA Christian School.

**2<sup>nd</sup> – 6<sup>th</sup> Grade Student:** As a student user of the Piqua SDA Christian School network and technology/electronic device equipment, I agree with the above policies, ethnics, rules and consequences.

\_\_\_\_\_  
Student Signature (2<sup>nd</sup> – 6<sup>th</sup> Grader)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Student Photo Acknowledgement

Piqua Seventh-day Adventist Christian School and Ohio Conference of Seventh-day Adventists regularly use photos and video in their publications and materials that include, but are not limited to the school's yearbook. This form simply gives permission for images of the student of this application to be used as outlined below:

I hereby consent and authorize Piqua Seventh-day Adventist Christian School and Ohio Conference of Seventh-day Adventists, or its assigns, to use my name and/or the names of my family members who are minors as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, yearbook, newspaper, websites, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alternations, or additions. I hereby release Piqua Seventh-day Adventist Christian School and Ohio Conference of Seventh-day Adventists from all liability in connect with such uses.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date