



FAMILY / STUDENT INFORMATION

** We currently have these fields of information for your family in our database. Please check this information carefully, make changes/updates where necessary and complete blank categories. Please **PRINT**. (Not all information requested can be stored in our database - there is some information we will need to ask you to provide each year.)*

Highlighted areas will be published in our school directory and distributed to all school families.

Family Information			
Parent 1		Custodial Parent? Yes / No	
Parent 2		Custodial Parent? Yes / No	
*Name:		*Name:	
*Street Address:		*Street Address:	
*City:	*Zip Code:	*City:	*Zip Code:
*Home Phone:	*Cell Phone:	*Home Phone:	*Cell Phone:
*Primary E-MAIL address to receive CHA office and classroom communication:			
<i>This is your emergency e-mail contact that the school will use for school closings, delays, or any other emergency communication. E-mail addresses will be distributed to staff, key volunteers and families of student(s) grade(s) to be used for CHA purposes only.</i>			
Additional E-MAIL address to receive CHA office and classroom communication: (optional)			
*School District:			
Student Information			
*Name:	*Sex:	*Date of Birth:	*Grade:
At-Home Sibling Information			For Preschoolers - Anticipated year of K enrollment
Name:	Male / Female	Date of Birth:	
Name:	Male / Female	Date of Birth:	
Name:	Male / Female	Date of Birth:	
Name:	Male / Female	Date of Birth:	
Church Information			
*Name:	*Phone:	*Zip Code:	
*Street Address:	*City:		
*Pastor:	Youth Pastor:		
Employment Information (For Development Department)			
Parent 1		Parent 2	
*Occupation:		*Occupation:	
*Employer		*Employer	
Street Address:		Street Address:	
City:	Zip Code:	City:	Zip Code:
Does your employer match funds to non- profit organizations? Yes / No		Does your employer match funds to non- profit organizations? Yes / No	
Do you work: <input type="checkbox"/> Full-Time?:	<input type="checkbox"/> Part-Time?:	Do you work: <input type="checkbox"/> Full-Time?:	<input type="checkbox"/> Part-Time?:
*Work phone:	*Ext:	*Work phone:	*Ext:

Other Side Please...

Grandparent Information (For Development Department)	<input type="checkbox"/>	Yes, please send a newsletter to these grandparents.
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Name(s):	Phone:	Name(s):	Phone:
Street Address:		Street Address:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:

Field Trip Permission

I hereby give permission for my children (listed under 'Student Information') to go on all scheduled field trips with their classes. I understand that Chapel Hill Academy is not responsible for any injury to my child or damages to his/her property while on any Chapel Hill Academy field trip.

Parent Signature _____ Relationship: _____ Date: _____

CHA Photo and/or Name Permission Release

By signing this form, you understand that your child's photo and/or name may be used in any of the school's promotional material such as the quarterly newsletter. If you do NOT want your child's photo or name published, you must submit a written request to Judy Winship, Director of Admissions and Marketing (winshipj@chapel-hill.org), to keep on file for the 2010-11 school year.

Parent Signature _____ Relationship: _____ Date: _____

Medications Approval

I hereby grant the staff of Chapel Hill Academy permission to administer Acetaminophen/Tylenol or Ibuprofen/Motrin/Advil to my children (listed under 'Student Information'). This medication will be provided to the CHA nurse by the parents of the student and will be administered to the student according to the manufacturer's directions. Students are not allowed to self-carry this medication on the grounds of CHA. This medication will be stored in the Health Office throughout the school year and will be returned to the student for the purpose of taking it home on May 31st, 2011.

Parent Signature _____ Relationship: _____ Date: _____

Student Allergy Medications Information
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Name:	Allergy:	Medication (taken on a regular basis):
Name:	Allergy:	Medication (taken on a regular basis):
Name:	Allergy:	Medication (taken on a regular basis):
Name:	Allergy:	Medication (taken on a regular basis):

	Student Illness and Emergency Information
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Alternate Emergency Contact Name:	Phone:
Doctor's Name:	Phone:
Clinic Name:	Phone:
Dentist's Name:	Phone:

If I am unable to be reached in the event of an emergency, I understand that Chapel Hill Academy will act in the best interest of my child to ensure they have proper medical attention.

Parent Signature _____ Relationship: _____ Date: _____