

NORTH PLATTE CHRISTIAN ACADEMY

1521 Rodeo Road North Platte, NE 69101 | (308) 534-5279 npbministries@gmail.com

APPLICATION FOR PRE-ENROLLMENT

Date _____

Please check one: (For all classes age requirements are as of September 30th)

____ Kindergarten (5 yrs.)
____ Elementary Grade _____

Student's Full Name

_____ last first middle
____ Male ____ Female Date of Birth _____ Age _____

Address:

_____ street city state zip

Parent/Guardian #1: _____
Home phone _____ Work phone _____
Address _____
Occupation _____
Business _____ Title _____
Hobbies/interests _____
E-mail address: _____

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Address _____
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E-mail address: _____

Names/ages of other children in family

Maternal Grandparents _____
Phone _____
Mailing address _____

Paternal Grandparents _____
Phone _____
Mailing address _____

Please complete all pages of application.

Advertising Release

I hereby authorize the use of my child's image for North Platte Christian Academy's promotional purposes. I understand that such images may include any film media of my child engaged in school related activities on or off the school property.

Parent/Guardian Signature _____ Date _____

Other than parents, **CHILD WILL ONLY BE RELEASED TO PERSONS INDICATED BELOW.**
(Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergency reasons) Please list in order of preference for contact.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

School(s) last attended: _____
_____ phone number
_____ phone number

Church membership or religious preference:

Special physical conditions/allergies we should be aware of:

Medications currently taking:

For Kindergarten, Elementary, and Middle School students-
If my child may or will require any medications (prescription or non-prescription) to be provided at school, I will be required to obtain medication administration information from the NPCA office.
_____ (Initial)

Medical Information:
Name of child's physician/clinic: _____
Phone Number: _____
Address: _____

Name of Medical Insurance:

Please complete all pages of application.

Consent to medical care/treatment of minor child

I, _____, hereby give permission that my child _____ may be given emergency treatment, to include first aid and CPR by qualified staff member of North Platte Christian Academy. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance to an emergency care center/hospital for treatment. I agree to accept all responsibility for the cost of any medical services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____