

FAMILY CONTACT INFORMATION & POLICY CARD
IMPORTANT - COMPLETE AND RETURN TO C.C.A. IMMEDIATELY!

_____, _____, _____, _____
Student's last name first name Student's last name first name

_____, _____, _____, _____
Student's last name first name Student's last name first name

Address: _____, PA _____

Home phone: (_____) _____ Email Address: _____

Mother's name: _____ Cell phone: (_____) _____ Work phone: (_____) _____

Father's name: _____ Cell phone: (_____) _____ Work phone: (_____) _____

Please list student's cell phone numbers, if applicable. (Student's cell numbers will be kept confidential and used only in cases of absences, urgent messages, etc., when student is not in school and parents cannot be reached.)

Name: _____ Cell phone: : (_____) _____ Name: _____ Cell phone: : (_____) _____

Name: _____ Cell phone: : (_____) _____ Name: _____ Cell phone: : (_____) _____

In case of an accident or illness in school and the inability to reach either parent at the above listed numbers, please contact:

Name: _____ Relationship to child/ren: _____ at (_____) _____

Name: _____ Relationship to child/ren: _____ at (_____) _____

In case of an emergency, if it is necessary to call a physician or a dentist, please contact:

_____ at (_____) _____ or _____ at (_____) _____
Physician's name Physician's phone no. Dentist's name Dentist's phone no.

If you are unable to get in touch with me or our physician, I allow my child to be treated by any local physician or the emergency room of any nearby hospital.

Parent's Signature: _____ Date: _____

Please list here any medical problems or allergies of which C.C.A., or a treating physician, should be aware.

POLICY & RULE NOTIFICATIONS – Please check or initial each item and sign.

_____ I understand that all necessary documents for the entire school year, which includes the Academy's POLICY ON TUITION AND FEES and STUDENT RULES, are accessible on the school's website, cheswickchristian.com. I have read and understand the Academy's policies. In particular, I understand that the **12 monthly tuition payments** are due by the 20th of each month, and that a \$20 late fee charge will be applied after the last day of the month to all late payments. I understand that all pertinent information and updates will be listed on the school's website information page, and that it is my responsibility to check the website frequently. I understand that I may call and request documents if I do not have access to a computer.

_____ I permit my child/ren to go for group/class neighborhood walks (for gym class, education studies, or field trip to Glen's, Sheetz, etc.) with any supervising teacher off school grounds during this current school year.

_____ I permit my child/ren to be photographed for school projects or newspaper submissions. **If you do not wish your child to be photographed, please notify the school.**

_____ I hereby request the loan of textbooks and instructional materials in accordance with PA Act 195 and Act 90 for my child/ren attending Cheswick Christian Academy. (Parent signatures are required by the PA DOE.)

Parent's Signature: _____ Date: _____