



# Gaarde Christian School

## Student Enrollment for 2024-2025

Birthdate: \_\_\_\_\_  
 Age as of Sept 1<sup>st</sup>: \_\_\_\_\_  
 Male  Female

### ENROLLING FOR (CIRCLE ONE)

Elementary/Middle School: TK    K    1    2    3    4    5    6    7    8

### REQUIRED STUDENT INFORMATION:

Legal Last Name	Legal First Name	Middle Initial	Preferred Name
Street	City	State	Zip
		Shirt Size (in Fall) (PLEASE SPECIFY YOUTH or ADULT)	

### PARENT/GUARDIAN INFORMATION (provide information on both parents, even if student is not residing with the parent):

Student lives with:  Mother  Father  Stepmother  Stepfather  Other

If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, a copy of the order must be submitted along with enrollment form.

Mother's Name  
 Same as student

Mother's Address (if different than above)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name  
 Same as student

Father's Address (if different than above)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

\*What church do you attend?

### EMERGENCY CONTACT/AUTHORIZATION FOR STUDENT PICK-UP (must be 18 years or older):

Parents are assumed authorized to pick up the above-named student. If you send someone to pick up your student that is not listed below, your student WILL NOT be released. Written notification must be submitted for release of student to someone not on below authorized pick-up list.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Out of Town Relative/Friend Name (connection point in case of natural disaster) \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

## FIELD TRIP PERMISSION:

In connection with GCS curriculum, students will participate in field trips that are considered learning experiences out of the bounds of a classroom. As such I acknowledge that my student's attendance and participation in any and all learning experiences inside or outside the classroom at GCS involves risk. These risks can include, but are not limited to, various types of injury, sickness, exposure to infectious/communicable disease, personal or emotional injury and death. In consideration for the opportunity to participate in learning experiences at GCS, I acknowledge, on behalf of my minor child, and accept the risks associated with such participation, including transportation to and from any activity. I accept personal financial responsibility for any injury or other loss sustained during participation and/or transportation to and from any GCS activity as well as for any medical treatment rendered to the student that is authorized by GCS or its agents, employees, volunteers, or any other representatives (collectively known as 'activity sponsor'). Further, as the parent or legal guardian/representative I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of participation at GCS and transportation to and from any activity during GCS whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

## PHOTO RELEASE & ADDRESS PERMISSION: *(please initial below)*

\_\_\_\_\_ I give permission for photos of my student to be used in school updates and newsletters.

\_\_\_\_\_ I give permission for my address, phone number, & email to be printed in the Gaarde Christian School Directory.

## MEDICAL RELEASE/INFORMATION:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy #/Group # \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

List any known allergies for any boxes checked:

No Allergies Known

Bees

Food:

Medication:

Environmental:

Other:

Note: All medications required during school hours must be checked into the office **BEFORE** the first day of school.

**If an allergy is treated with EpiPen or other medication, a plan of response must also be on file in front office.**

Current Medications \_\_\_\_\_

Serious Illnesses/Accidents/Surgeries to-date \_\_\_\_\_

## MEDICAL TREATMENT AND TRANSPORTATION:

In case of an accident or serious illness, I request Gaarde Christian School to contact me. If the school is unable to reach me, I hereby authorize Gaarde Christian School to seek medical treatment for my student in the event such treatment is deemed necessary and for my student to be transported by an emergency vehicle to a medical facility for treatment. I consent to all medical and surgical treatment by the attending physician.

## ACKNOWLEDGMENT:

**Parent/Guardian: By signing below, you are acknowledging that you have read, understand, and agree to abide by the policies and procedures set forth in the Gaarde Christian Parent/Student Handbook (available online). I have completed all the necessary information required on this document and all the above information is current and accurate. If any information changes, I understand I am responsible to update Gaarde Christian School as soon as possible.**

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_