

(PLEASE FILL OUT BOTH SIDES OF THIS FORM)

The school has permission to include my phone number/email for grade level phone chains. **YES or NO**
The school has my permission to use my child's photograph for any school related media, inclusive but not limited to: brochures, newspapers, website, promotional items, etc.. **YES or NO**
Are there any criminal charges in your background that we should be aware of: _____

Medical Information

Physician: _____ Address: _____

Phone:(_____) _____

Dentist: _____ Address: _____

Phone:(_____) _____

In event of an emergency which hospital would you want your child to be transported to: (Check One)

_____ Milford _____ Beebe _____ Either One

Indicate student's serious medical problems: _____

Student is allergic to: _____

Medication(s) student takes on a daily basis: _____

THIS INFORMATION MAY BE SHARED WITH SCHOOL PERSONNEL AS NEEDED

Eagle's Nest Christian Academy Emergency Procedures

Eagle's Nest has adopted the following procedures in caring for a student when he/she becomes sick or injured at school:

In case of emergency and/or need of medical or hospital care:

1. The school will call home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature: _____ **Date:** _____

Priority for acceptance is based on the following:

1. Students currently enrolled
2. Church Members
3. Daycare Attendees
4. All Others

The registration fee is \$150/student for **new** students K – 8th. The registration fee is \$75/student for **returning** students and **siblings of returning** students for K-8th. Registration fees for all Pre-K students is \$50/student. Registration fees are not refundable unless the child is not accepted at Eagle's Nest Christian Academy. Acceptance is not final until registration fees, book fees and current school tuition have been paid in full. **Tuition runs August through May.**