



Old Plank Christian Academy

Registration Information

Student's Legal Name: First _____ Middle _____ Last _____

Student's Date of Birth: _____ Student's SSN# (McKay Only) _____ Student Cell# _____

Entering grade: _____ Student's Age: _____ Sex: ____ Male ____ Female

Primary Phone: _____ Primary Parent's/Guardian's E-mail address: _____

Home Address: Street _____ City _____ State _____ Zip _____

Ethnic Origin: (check one) _____ Caucasian ____ African American ____ American Indian ____ Asian

____ Filipino ____ Hispanic ____ Multi Racial ____ Other ____ Choose not to respond

Old Plank Christian Academy maintains a nondiscriminatory policy.

Extended Care Program

If your child will be participating in the extended care program, please place a check by the services needed.

____ Before and After Care ____ Before care only ____ After Care, Only

Siblings attending or to attend Old Plank Christian Academy

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Current School Information

Last School Attended: _____ Grades Attended: _____

Payment Information

____ Self Pay ____ McKay ____ Step Up ____ FES ____ Triple A (Please attach scholarship letter)

If the answer is YES to any of the below listed questions, please attach details and explanation.

Has the student been expelled or suspended from any school? ____ Yes ____ No

Has the student ever had an arrest resulting in a charge? ____ Yes ____ No

Has the student ever repeated a grade? ____ Yes ____ No If so, which grade(s) _____

Family Information

Parents: _____ Married _____ Widowed _____ Single _____ Divorced

Student resides with: _____ Mother and Father _____ Mother and Stepfather

_____ Father and Stepmother _____ Grandparents

_____ Mother Only _____ Father Only

_____ Other: Name _____ Relationship: _____

Please fill in the following parent/guardian information:

Circle one: Father Stepfather Guardian
(Primary Parent Yes _____ No _____)

Circle one: Mother Stepmother Guardian
(Primary Parent Yes _____ No _____)

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip _____

City: _____ State: _____ Zip _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Name of Employer: _____

Name of Employer: _____

Work Phone: _____

Work Phone: _____

Who has legal custody: _____?

Who should OPCA contact first in regard to school matters: _____?

***If custody is with anyone other than mother and father, please attach Documentation of Legal Custody or Guardianship to application.**

If shared parental custody, please complete the following:

Name of non-residential parent: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Medical Information

Family Physician _____ Phone _____

Does your child have any physical limitations (i.e. asthma, etc.) or allergies? _____ Yes _____ No If Yes, please explain:

Authorized Emergency Contacts

Name: _____	Name: _____
Relation: _____ Home Phone: _____	Relation: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____	Work Phone: _____ Cell Phone: _____
Name: _____	Name: _____
Relation: _____ Home Phone: _____	Relation: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____	Work Phone: _____ Cell Phone: _____

Transportation Information

____ Pick up by parent/family member ____ walk/ride bike ____ Student Driver ____ Extended Care Program

PERSONS AUTHORIZED TO PICK YOUR CHILD. PHOTO ID WILL BE REQUIRED.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Picture and Video Consent and Release Agreement

I understand that by enrolling my student(s) in Old Plank Christian Academy that I consent and agree that my student's name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used by OPCA for school publications, on the school internet website, in school-related video productions, or for news and other publications. If the student and parent/guardian wish to rescind this agreement they may do so at any time with written notice to Old Plank Christian Academy administration.

School Illness Policy/Medical Release

Students will be considered sick if they have a fever of 99 degrees or higher, or if they have diarrhea and/or vomiting. Students who are sick should not be brought to school. If it is determined that a student is sick, parents will be notified to pick up their child within one hour of notification. Students should be fever free for at least 24 hours before returning to school. A student with a communicable disease for which immunization is required by law or is available, shall be temporarily excluded from school while ill and during recognized periods of communicability. Students with a communicable disease for which immunization is not available shall be excluded from school while ill, if the nature of the disease and circumstances warrant. Old Plank Christian Academy may require a physician's note to verify the diagnosis. Guidelines are in place for COVID 19. The guidelines are subject to change as more info comes available. All COVID19 guidelines are on our website. Old Plank Christian Academy administration reserves the right to make all final decisions necessary to enforce the school illness policy.

Old Plank Christian Academy staff/faculty are not allowed to administer over the counter medications. All prescription medicine must be brought in the original pharmacy labeled container. This pharmacy label represents physician authorization. Medication must be in date. Expired medications will not be administered. Medication will be dispensed per manufacturers or pharmacy labeling only. Any changes must be in writing from the physician. Parent must fill out the Authorization for medication form listing the name of medication, reason for medication, the time and route to give the medication.

I/we, the undersigned, agree that if you are unable to reach me/us during an emergency, Old Plank Christian Academy is authorized to contact, and if necessary release my child to emergency medical personnel/ first responders, our family Physician or emergency contacts listed in our registration information. In a serious emergency, when I/we cannot be reached, I/we hereby authorize Old Plank Christian Academy to transport my/our child to a physician or the nearest emergency room for treatment. I/we understand that Old Plank Christian Academy does not assume responsibility for payment of a physician in any case. I/we further agree to hold the school, and its agents, harmless for any liability to my/our children or any guardian or parent thereof because of any claims on behalf of my/our children against the school, or any agent thereof, because of an injury or alleged injury to my/our child.

Father's Signature _____	Date _____
Mother's Signature _____	Date _____
Sole Guardian's Signature _____	Date _____
Student's Signature _____	Date _____

