

Christian Day Child Academy Pre-Admission Conference Form 2025-2026

Child's Name _____ Birthday _____ / _____ / _____
First Middle Last

REQUIRED PAPERWORK for your child to start school:

_____ Emergency Authorization	_____ Allergy Plan* ~ Authorization* _____
_____ Registration Form	_____ Medication Administration Form* _____
_____ Health Form	_____ General/ Field Trip Permission Form
_____ Immunization Form	_____ Financial Agreement
or M/UM Immunization Exemption* _____	_____ Pre-Adm. Conference Form

**These forms may not apply to all students.*

Child

1. How would you describe your child's personality? _____

2. What is your child's favorite toy or comfort item? _____

3. Have there been any recent events in your family (move, new baby, etc.) that we should be aware of? _____

4. Does your child have any fears or sensitivities? _____

5. Please list any **allergies**, **medical needs** or **special diet** requirements that your child has. _____

***A copy of the allergy form/ medical action plan, signed by your child's doctor, is required to be kept on file at school.**

****For Epi-pens or medication that is kept at school, a medication authorization/ administration record must be completed, signed by both a doctor & parents, and kept on file at school.**

Please attach that paperwork to this form. Thank you.

6. Does your child have any difficulty toileting? _____

7. Is your child: _____ left handed _____ right handed _____ undecided

8. What name would you like your child to print on his/her papers? _____

9. Are there any areas of your child's development that you have concerns about - emotional, social, physical or intellectual?

10. Is your child enrolled in any type of therapy? *(Speech, Occupational, Physical, Vision, etc.)*

Type of therapy and Provider

11. Are there any speech concerns with your child? _____

12. Does your child have any special needs? *(Medical, Emotional, Physiological, Psychological)*

*(**If your child has an IEP from a school district, please attach a current copy to this form. Please print off, complete, and attach a copy ICCPP form, available on the CDCA website, as well. Thank you.)*

13. Has your child had Early Childhood Screening? _____

If so, were there any concerns identified?

14. What school district serves your neighborhood? _____

15. How did you hear about CDCA? _____

Family

16. What languages are spoken in your home? _____

17. Occupational work: Father _____ Mother _____

18. Are there other adults living in the home? _____

Name & Relationship to Child

Name & Relationship to Child

19. Names and ages of other children in the family: _____

20. Race / Ethnicity Composition (*required for IRS nondiscrimination tax exemption)

- | | |
|---------------------------------------|---|
| ☐ Hispanic | ☐ Black |
| ☐ Native American | ☐ Asian or Pacific Islander |
| ☐ White | |

Transportation

Who brings the child to school? _____

Who picks up the child from school? _____

If your child will be in **a carpool with another CDCA family**, please list the names and telephone numbers of all authorized parent drivers and their children.

_____ Parents	_____ Children	_____ Telephone #
_____ Parents	_____ Children	_____ Telephone #
_____ Parents	_____ Children	_____ Telephone #

Authorized Adults

List the names and telephone numbers of **two** friends, relatives, neighbors or daycare providers who have permission to pick your child up from school.

(*Two non-parental contacts are required by the State in the event of an illness at school.)

1. _____	_____ Telephone #
2. _____	_____ Telephone #

****Reminder:** Parents are required to **inform the school prior to dismissal** if someone other than the parent will be picking up that day. **If the person is unfamiliar to the staff, we will ask to see a picture ID.**

Not Authorized

Is there a parent who is **NOT** authorized to pick up the child from school? _____

Name of Person _____
(Please talk with the Director before the start of school. Thank you.)

The curriculum of CDCA is in accordance with the teachings of the Holy Bible as evidenced by our Mission and Faith Statements.

Our Faith Statement is available on our website and in the Parent Handbook. Our Mission Statement is:

“To glorify God by nurturing the spiritual growth and academic development of children with Biblical truth in a Christ-centered environment.”

 I / We understand, support, and agree with the Mission and Faith Statements of CDCA.

Parent Signature

Date

 I am aware of and have read the CDCA Parent Handbook. *(On the website or paper, by request.)*

Parent Signature

Date

 I have reviewed the Parent Orientation slides on the CDCA website.

Parent Signature

Date

Photography/ Video Authorization

I give permission to Christian Day Child Academy to **photograph** my child and use the photographs in class projects that will be **given to enrolled families** and to record programs (video) to be shared via text/ email with enrolled families.

☒ Yes

☐ No

Parent Signature

Date

I give permission to Christian Day Child Academy to **include photographs** of my child **on the school website** and for school promotional purposes. Children's names will not be listed.

☒ Yes

☐ No

Parent Signature

Date