



# CROSSROADS ACADEMY

2380 FULLERTON AVENUE  
CORONA, CALIFORNIA 92881  
951.493-2195

OFFICE USE ONLY  
Level \_\_\_\_\_

## 2009-2010 STUDENT REGISTRATION FORM

(please use BLUE or BLACK ink only - no pencil or colored inks)

NEW STUDENT       RETURNING STUDENT

STUDENT NAME: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ GENDER:  M  F BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
(MONTH / DAY / YEAR)

MARITAL SITUATION OF PARENTS:  MARRIED  DIVORCED  SEPARATED  SINGLE  WIDOWED

STUDENT LIVES WITH:  BOTH PARENTS  MOTHER  FATHER  GRANDPARENTS  GUARDIAN/OTHER

HOME CHURCH: \_\_\_\_\_

### PRIMARY RESIDENCE:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Name & Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Name & Address: \_\_\_\_\_

If child is not living with mother and father, please explain the custody arrangement and residential situation of the child. (Custody information must be documented in the student's file): \_\_\_\_\_

### SECONDARY RESIDENCE INFORMATION MAY BE COMPLETED ON PAGE 3 IF APPLICABLE

Check this box IF you have completed Secondary Residence Information on Page 3

### PARENTS' EMAILS—PLEASE PRINT

PRIMARY RESIDENCE EMAILS 1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*SPECIAL NOTE\*\*** The email addresses provided here are used to send student and school information.

Should information from school be sent to both Primary and Secondary Addresses?

Yes  No

IF you have other students attending Crossroads Academy, is this the oldest child?

Yes  No

IF you have other students attending Crossroads Academy, is this the youngest child?

Yes  No

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_ CITY: \_\_\_\_\_

SPECIAL MEDICAL CONDITION: \_\_\_\_\_ LIFE THREATENING?  Yes  No

TREATMENT/INSTRUCTIONS: \_\_\_\_\_ MEDICATION? \_\_\_\_\_

SPECIAL MEDICAL CONDITION: \_\_\_\_\_ LIFE THREATENING?  Yes  No

TREATMENT/INSTRUCTIONS: \_\_\_\_\_ MEDICATION? \_\_\_\_\_

ALLERGY: \_\_\_\_\_ LIFE THREATENING?  Yes  No

TREATMENT/INSTRUCTIONS: \_\_\_\_\_ MEDICATION? \_\_\_\_\_

ALLERGY: \_\_\_\_\_ LIFE THREATENING?  Yes  No

TREATMENT/INSTRUCTIONS: \_\_\_\_\_ MEDICATION? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**EMERGENCY CONTACTS / PERSONS AUTHORIZED TO TAKE CHILD FROM FRIDAY SCHOOL:**

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

**In case of major disaster, please list at least one OUT-OF-STATE contact:**

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ State \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ State \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**AUTHORIZATION TO RENDER MEDICAL AID:** I do hereby consent to any x-ray exam, anesthetic, medical or surgical diagnosis, treatment, or hospital service that may be rendered to said minor under the general or special instructions of the above named physician or any physician the school may call. I hereby consent to reasonable AND prudent first aid to be administered by school personnel to the minor as circumstances warrant.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

**PHOTO PERMISSION:** We have no objection to our child being included in any photographs taken at Crossroads Academy, which might be used for purposes of interpreting the school program. These photos may be used in periodic newsletters, the school website, in presentations, or on printed materials. No monetary compensation will be made for photographic usage. It is understood that any such photography will be done only by permission and under supervision of the administration.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

**FIELD TRIP AUTHORIZATION:** I do hereby grant my permission for my child to attend school-sponsored field trips with the understanding that information will be sent home prior to all activities. It is understood that school staff will take all normal precautions to insure school safety and that each driver must submit a current driver's license and proof of insurance, as well as attend a parent volunteer meeting.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

**SECONDARY RESIDENCE INFORMATION:**  
**(Complete ONLY if applicable)**

Name: _____	Relationship to child: _____
Address: _____	
Cell #: _____	Work #: _____
Work Name & Address: _____	
Name: _____	Relationship to child: _____
Cell #: _____	Work #: _____
Work Name & Address: _____	

**SECONDARY PARENTS' EMAILS—PLEASE PRINT**

(Complete ONLY if applicable):

SECONDARY RESIDENCE EMAILS 1. \_\_\_\_\_

2. \_\_\_\_\_



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