



BAYTOWN CHRISTIAN ACADEMY

Student Information Sheet

Student Name _____

Mother's Name _____

Father's Name _____

Street Address _____

Home Phone _____

Email Address _____

Birthday _____

Please list a name and number I should call if I have a question:

During School _____

After School _____

Evening Hours _____

Name and ages of siblings:

Allergies/Dietary Restrictions/Medical Needs:





Baytown Christian Academy

Student Health and Medication Form

Student's Name (Last) _____ (First) _____ (MI) _____

DOB _____ Grade _____ Sex _____ Home Phone _____

Father's Name _____

Mother's Name _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Please list names and phone numbers to call if the parent/guardian cannot be reached.

Name	Relationship	Phone
1) _____	_____	_____
2) _____	_____	_____

Family Doctor _____ Phone _____

Please check the following that apply:

Daily Medication _____

Rheumatic Fever _____

Drug Allergies _____

Seizures _____

Asthma _____

Tuberculosis _____

Chicken Pox _____

Speech Defect _____

Diabetes _____

Ear Defect _____

Heart Trouble _____

Eye Defect _____

Please comment on any of the items checked:

Daily Medications(must be dispensed from original labeled containers and a parent must bring in the medication) New medications must be added to this form on the day it is brought in.

Initial and Date	NAME OF MEDICATION	AMOUNT TO BE DISPENSED	TIME TO BE DISPENSED
_____ 1)	_____	_____	_____
_____ 2)	_____	_____	_____
_____ 3)	_____	_____	_____

BCA does not dispense any medication without prior written permission from the parent/guardian. If your child needs OTC medication on a regular basis you must bring it in the original bottle labeled and add it to the list of medications above. However, we will dispense OTC meds in an emergency with your consent (such as Tylenol, Advil, Tums or the generic equivalent). Please indicate your consent: YES _____ NO _____ YES, but only if I am called first _____

BCA reserves the right to call an ambulance for your child in case of an emergency.



BAYTOWN CHRISTIAN ACADEMY

Grammar Student Information Sheet

INDIVIDUALS PERMITTED TO PICK-UP STUDENTS

Dear Parents,

BCA requests an annual update of the names, addresses and telephone numbers for individuals permitted to pick up your child (please include yourself as well). If someone arrives to pick up your child whose name is not listed below, you will be called. If the parent/guardian cannot be reached, your child will **NOT** be released. In case of an emergency, call the appropriate office with the name of the individual approved to pick up your student.

My child, _____, who is in grade _____ may be dropped off or picked up from school or the Extended Day program by the following adults:

Parent's Name _____ Cell Phone _____

Address _____ Phone _____

Parent's Name _____ Cell Phone _____

Address _____ Phone _____

Name _____ Cell Phone _____

Address _____ Phone _____

Name _____ Cell Phone _____

Address _____ Phone _____

Name _____ Cell Phone _____

Address _____ Phone _____

Name _____ Cell Phone _____

Address _____ Phone _____

I understand that if an individual's name does not appear on the above list, my child **WILL NOT** be released from the school or the extended day program.

Parent/ Guardian _____ Date _____

Parent/Guardian (Print) _____

Complete one of this form for each parent/guardian.

Use



BAYTOWN CHRISTIAN ACADEMY

CONSENT FOR BACKGROUND CHECK

Last First Middle Maiden

Home # _____ Cell # _____ Work # _____

Recent/Current Employer: _____

Address City State Zip Code

I _____ hereby authorize Baytown Christian Academy to investigate my personal employment, criminal history, and driving record in Texas and elsewhere to obtain relevant information deemed necessary to my employment at Baytown Christian Academy. I understand that my previous employers may be contacted and reporting agencies may be initialized to gather such information.

I affirm that the information provided below is true and complete, I understand that any false statements may be the basis for my termination with Baytown Christian Academy.

Date Signature

List any other name(s) you have used: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Driver's License #: _____ State: _____

Please list addresses you have used the past five years(use back of page if necessary):

Please provide your personal health care information.

Health Care Provider Policy Number