



Crossroads Academy Registration Form

This form must be filled out accurately and completely. This includes all addresses, phone number, etc.

Enrollment Date: _____

Start Date: _____

Child Information

Last: _____ First: _____ Middle Initial: _____

Gender: Male / Female Date of Birth: _____ Age Today: _____

Parent / Guardian Information

Primary Contact

Last: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Home/Cell Secondary: _____ Home/Cell

Email: _____

Occupation: _____ Employer: _____

Address: _____ Phone Number: _____

Secondary Contact

Last: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Home/Cell Secondary: _____ Home/Cell

Email: _____

Occupation: _____ Employer: _____

Address: _____ Phone Number: _____

Childs Doctor / Medical Information

Doctor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Dentist: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Any Known Allergies of Special Diet Needs? Yes / No

If yes, please list:

Are there any Medications your child takes on a scheduled basis? Yes/No

If yes, please describe: _____

Emergency Contact Information

Are there any special instructions on how to reach you while your child is in the care of Crossroads Academy?

1st Additional Contact/Pick up Name:_____ Phone:_____

Relationship to Child:_____

Able to pick up all children in the family

2nd Additional Contact/Pick up Name:_____ Phone:_____

Relationship to Child:_____

Able to pick up all children in the family

- In the event of an evacuation specific to Crossroads Academy, the staff and children will evacuate the building and gather at: Fruitvale Elementary School inside the Cafeteria at 585 30 Road, Grand Junction, CO 81504 (970)254-5930.
- In the event of a local evacuation, the staff and children will meet at the Rite-Aid store: 2992 Patterson Road, Grand Junction, CO 81504.
- In the event the staff and children are evacuated to a shelter due to a pre-evacuation of mandatory evacuation by authorities, every attempt will be made to inform parents/guardians of the shelter location as soon as staff and children have been safely evacuated.

By signing below, I understand the above information.

Parent / Guardian Name (Printed)

Date

Parent / Guardian Signature

State Required Information

My Hospital of Choice is:

St. Mary’s Medical Center, 2635 N. 7th Street, Grand Junction, CO 81501 (970)248-2273

Community Hospital, 2531 G Road, Grand Junction, CO 81505 (970)242-0920

In case of a Medical Emergency, I understand that every effort will be made to contact me. In the event that I am unable to be reached, I give my permission to Crossroads Academy / Crossroads United Methodist Church and their representatives to take any and all necessary measures to obtain emergency care. I understand that I will bear any financial responsibility for any costs that might accrue including but not limited to transportation services, hospital fees, doctors’ fees, etc. This permission will be effective for one year from the date signed below.

Parent / Guardian Name (Printed)

Date

Parent / Guardian Signature