

BUS SERVICE FEES

2015-2016

(316) 688-1161 / www.ccalions.org

Welcome! The Central Christian Academy bus transports students every day from West Wichita to CCA unless otherwise notified by School Administration.

Each ride is considered to be one way. The first student that rides each day will be charged \$3.00 each way, the second student that rides will be charged \$3.00 per day, with any students thereafter riding for free each day. Payments may be made in increments of 20 rides for \$60.00, 40 rides for \$120, or 60 rides for \$180.

OPTIONS FOR BUS SERVICE

Bus Service runs both AM and PM five days per week when school is in session.

BUS INFORMATION

Pick-Up and Drop off location: Pathways Church, located at 21st and Maize, on the East side of the church parking lot.

AM Pick-Up Time: Bus will arrive between 7:30 am and 7:45 am, departure at 7:55 a.m. sharp.

PM Departure from CCA: Grades K-2nd will meet the bus driver by the main school office. Grades 3-8 will meet at the bus. During inclement weather, Grades 3rd-8th will meet the bus driver by the main school office. Bus departs at 4:00pm.

PM Arrival at Pathways: Approximately 4:30 pm.

IMPORTANT

**RETURN TO CCA
ON CHECK-IN DAY**

CENTRAL CHRISTIAN ACADEMY

2900 North Rock Rd, Wichita, Kansas 67226
(316) 688-1161 / www.ccalions.org

APPLICATION FOR ENROLLMENT FOR BUS SERVICE

Date of enrollment for Bus Service: _____

CHILD'S NAME: _____

(nickname or name child is called) _____

Date of birth: _____ Age: _____ Sex of child: M F

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Please indicate which days and times of the week your child plans to ride the bus each week.

____ Mon AM ____ Mon PM ____ Tues AM ____ Tues PM
____ Wed AM ____ Wed PM ____ Thurs AM ____ Thurs PM
____ Fri AM ____ Fri PM ____ As Needed AM ____ As Needed PM

Mother's Name: _____

If different than the child's:

Home Address: _____

Zip Code: _____ Cell Phone: _____

Father's Name: _____

If different than the child's:

Home Address: _____

Zip Code: _____ Cell Phone: _____

(PLEASE COMPLETE BACK PAGE)

Child's CCA Teacher: _____ Grade: _____

EMERGENCY INFORMATION

Person(s) to notify in case of emergency, other than the parent(s) listed above:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

HEALTH HISTORY

List any health conditions such as Heart conditions, Seizure disorders, severe Allergies, Asthma, Hypoglycemia, Kidney problems, Cancer, Arthritis, Crohns, Hearing or Vision problems, ADD, Tourettes, Anemia, etc. Please list all surgeries your child has had, including the date. Also include ALL daily medications.

ALLERGIES: _____

Doctor/Phone: _____ **Hospital Choice:** _____

Insurance & Policy #: _____

I, the undersigned, do hereby authorize the officials of Central Christian Academy to contact the persons named on this page, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. I authorize the sharing of health information with Central Christian Academy staff and teachers on a need-to-know basis. I hereby give my consent to transport the said child to the aforementioned hospital (or nearest hospital) by ambulance if situation warrants. I further give my consent to above physician and/or hospital to care for said dependent child at their discretion in the best interest of the child.

In the event parents, other persons named on this form, or physicians cannot be contacted, the school's officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

As pertinent information on this form changes, I will notify the CCA Office.

Parent Signature _____ Date _____

Signature of Responsible Party of Account _____ Date _____