



STUDENT REGISTRATION • DATE _____

NAME _____

SCHOOL _____

PERSONAL INFORMATION

Address _____

Social Security Number _____

City _____ State _____ Zip _____

Township _____

Home Phone _____ Cell Phone _____

County _____

Email Address _____ Sex M F Birth Date __ / __ / ____

Emergency Contact Name _____ Emergency Phone _____

DEMOGRAPHIC INFORMATION

FAMILY STATUS

Minor Child/Student

Single

Single with Dependents

Married

Married with Dependents

Total Number in Family

CITIZENSHIP

US Citizen

US Permanent Resident

Dual Citizen _____

Refugee

Exchange Student

Other _____

ANNUAL FAMILY INCOME

\$0 - \$10,000

\$10,001 - \$17,000

\$17,001 - \$23,200

\$23,201 - \$29,260

\$29,261 - \$35,300

\$35,301 - \$41,430

\$41,431 - \$47,380

\$47,381 - \$53,420

\$53,421 - \$60,000

\$60,001 & above

HEALTH INSURANCE

Uninsured

Insured

Insured (high ded/co-pay)

Medicaid

Medicare

Healthy Indiana Plan (HIP)

Healthy Start (OH)

ACA Exchange

Health Savings Account

Healthcare Sharing Plan

ETHNICITY

American Indian

Asian

Black / African American

Hispanic / Latino

Pacific Islander

Caucasian / White

Other _____

EMPLOYMENT STATUS

Child / Student

Unemployed

Employed Part-Time

Employed Full-Time

Self Employed

Seasonal / Migrant

Retired

Disabled

SCHOOL / SPORTS

Level: Elementary JH/MS High School College

Sports: Baseball Basketball Cross Country Golf

Football Gymnastics Hockey Rugby Soccer

Softball Swimming Tennis Track Volleyball

NOTICE TO PATIENTS: FREE CLINIC FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

This is to notify you that under Federal law relating to the operation of free clinics, the Federal Tort Claims Act (FTCA), (See 28 U.S.C. §§ 1346(b), 2401(b), 2671-80) provides the exclusive remedy for damage from personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by any free clinic volunteer health care practitioner, board member, officer, employee, or independent contractor who the Department of Health and Human Services has deemed to be an employee of the Public Health Service. This FTCA medical malpractice coverage applies to deemed free clinic volunteer health care practitioners, board members, officers, employees, or independent contractors who have provided a required or authorized service under Title XIX of the Social Security Act (i.e., Medicaid Program) at a free clinic site or through offsite programs or events carried out by the free clinic (See 42 U.S.C. § 233(a), (o)). The above Federal law and other State and Federal laws including the Federal Volunteer Protection Act of 1997 may cover certain free clinic health care professionals providing health care services to patients at this free clinic.

NOTICE TO PATIENTS: PRIVACY PRACTICES IN COMPLIANCE WITH HIPAA

Christian Community Health Care complies with all applicable HIPAA privacy rules regarding patient health information. A Notice of Privacy Practices for Protected Health Information is available to our patients upon request.

I verify that the patient information I have provided is correct. I acknowledge that I understand the Notices to Patients listed above, and that my health information may be disclosed to other healthcare providers or agencies in order to implement my treatment or plan of care. I authorize Christian Community Health Care to provide healthcare treatment for myself or my minor child/student, and will not hold them responsible for injury as a result of this treatment. I grant authorization to use my likeness in print, video, and digital media for nonprofit purposes. I understand that all services are provided free of charge, and that donations are accepted.

PATIENT/PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____