



# CALVARY CHRISTIAN ACADEMY & PRESCHOOL NEW STUDENT REGISTRATION FORM

\_\_\_\_\_  
Student(s) Last Name

School Year \_\_\_\_\_

### Student Information (Youngest to Oldest)

**Student 1** Last: \_\_\_\_\_ First: \_\_\_\_\_ MN: \_\_\_\_\_

Goes By: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: (Optional) \_\_\_\_\_

**Student 2** Last: \_\_\_\_\_ First: \_\_\_\_\_ MN: \_\_\_\_\_

Goes By: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: (Optional) \_\_\_\_\_

**Student 3** Last: \_\_\_\_\_ First: \_\_\_\_\_ MN: \_\_\_\_\_

Goes By: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: (Optional) \_\_\_\_\_

### Parent Information

Marital Status (Circle One):    Married        Separated        Divorced        Single

If parent's are separated or divorced, with whom does the child live? \_\_\_\_\_

\*Note: Legal custodial paperwork must be on file in order to prevent non-custodial parent from seeing or picking up. If legal paperwork has not been provided, the school is not liable.

**Parent 1** Title: \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**Parent 2** Title: \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

(see reverse side)



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## EMERGENCY CONTACT

Please list anyone (other than parent or guardian) authorized to pick up your student(s)

Primary Emergency Contact	Name: _____	Relationship: _____	Phone: _____
	Vehicle Make: _____	Model: _____	Color: _____
	Name: _____	Relationship: _____	Phone: _____
	Vehicle Make: _____	Model: _____	Color: _____
	Name: _____	Relationship: _____	Phone: _____
	Vehicle Make: _____	Model: _____	Color: _____

List any physical impairments, serious allergies, or medications taken on a regular basis:

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

Student 3: \_\_\_\_\_

## Additional Information Needed for First Time Enrollment

Previous school attended: _____			
Address: _____	City: _____	State: _____	Zip: _____
Phone (w/ area code): _____	FAX (w/ area code): _____		

Reason for selecting this school: \_\_\_\_\_

School recommended by: \_\_\_\_\_

Has your child(ren) failed any grade? Yes No

If yes, give child's name and grade failed: \_\_\_\_\_

Has your child(ren) ever been suspended or expelled? Yes No

If yes, give child's name and reason: \_\_\_\_\_

Church Attending: \_\_\_\_\_

In making application for my child it is my desire to have him/her complete the school year stated above. I also understand that the policy of the school is to make no refunds on registration fees (except as noted on the Statement of Cooperation). I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to me or my child at school or during any school activity.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_