

**CENTRAL CHRISTIAN ACADEMY
STUDENT REGISTRATION CARD**

(Please type or print in ink)

STUDENT's Last Name: _____ Today's Date _____
First Name: _____ Name student goes by (if different): _____
Middle Name: _____ SSN: _____ Sex: _____ Grade to enter: _____
Date of birth: _____
Race/Ethnicity: American Indian/Alaskan Native Hispanic/Latino Asian/Pacific Islander
 Black, not of Hispanic origin White, not of Hispanic origin Other
Street: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ Zip Code: _____
Church Now Attending: _____ Attend Sunday School? Yes/No

PARENT A Lives with Student

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph.: (____) _____ - _____ Ext. _____
E-Mail Address _____ Cell Ph: (____) _____ - _____

PARENT B Lives with Parent A

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph.: (____) _____ - _____ Ext. _____
E-Mail Address _____ Cell Ph: (____) _____ - _____

TUITION PAYER (If different from Parent A. Parent A will be billed unless otherwise indicated.)

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Street: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ Zip Code: _____
Rel. to Student: _____ Authorized Pickup: Yes/No Work Phone: (____) _____ - _____ Ext. _____
I choose the following payment plan: _____ yearly _____ semester _____ 10 month

OTHER CONTACTS (Emergency Medical Information)

Contact #1: _____ Rel. to Student: _____ Phone #: (Day): _____
Contact #2: _____ Rel. to Student: _____ Phone #: (Day): _____
Student's Physician: _____ Phone #: (____) _____ - _____

TRANSPORTATION

BEFORE SCHOOL (Please check one)

____ AM Car ____ AM Bus

K4-K5 HALF DAY

____ Car

AFTER SCHOOL (Please check one)

____ PM Car ____ PM Bus

PERSONS AUTHORIZED TO PICK UP MY STUDENT FROM SCHOOL (Other than parents A and B)

#1 _____ #2 _____
#3 _____ #4 _____
#5 _____ #6 _____

BUS STUDENTS ONLY (For pick up/drop off at address other than home): ____ AM ____ PM ____ Both

Care giver's Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Relationship to Student: _____ Phone #: (____) _____ - _____
Street: _____ City: _____ State: _____ Zip: _____

LAST SCHOOL ATTENDED: _____

Street: _____ City: _____ State: _____ Zip: _____

Reason for Selecting CCA: _____

FOR OFFICE USE ONLY:

Interview Date: _____
Interviewer: _____
Enrollment Date: _____

Amt. Rec'd.: _____
Reg. Fee: _____

Family Billing ID# _____
School Year: _____
Starting Date: _____

STATEMENT OF COOPERATION

In making application to Central Christian Academy I understand that:

1. It is my responsibility as a parent/guardian to pay all registration, tuition and fees as stated on the current financial information sheet. I understand that no records will be released until all bills are paid up-to-date and that 30 day delinquent payments (15 days for the May payment) will result in my child's exclusion from school. In the event of withdrawal I am responsible for the balance of the semester's tuition and fees.
2. The administration of the school has the final responsibility for the grade placement of my child.
3. I agree to uphold and support the academic standards of Central Christian Academy by providing a place at home for my child to study and to give my child encouragement in the completion of homework and assignments.
4. My participation is needed in lending practical help and prayer support to the school as it helps me train my children. Because of this, I will endeavor to attend Parent-Teacher Meetings and planned Parent-Teacher Conferences.
5. The teacher and the administration are hereby given full discretion in the discipline of my child. This includes the withdrawal of privileges, the issuing of demerits, detentions, suspensions, and expulsion.
6. We are expected to support the standards of the school at home. Should there be any questions, we will contact the teacher or administrator to arrange for a conference. If the problem cannot be remedied, we agree to quietly withdraw our child(ren) from the school rather than encourage discord or unrest among other parents.
7. The school reserves the right to dismiss any student when he or his parent is found to be out of harmony with the rules and policies of Central Christian Academy.
8. In full recognition of the serious risks involved, I have elected to have my child take part in school activities, on and off the school premises, including sports and school sponsored trips. I release the school from any and all liability to me or my child which may otherwise be incurred as a result of any injury suffered as a result of such participation in school or school activities. In case of accident or serious illness, I request that the school contact me and my designated physician and follow his instructions. If the school staff members are unable to reasonably contact me or my physician, the school may make whatever arrangements it deems necessary.
9. I agree to abide by the policies set forth in the school handbook.

I have read and agree to comply with the above STATEMENT OF COOPERATION.

Signature of Parent A

Signature of Parent B

Signature of Sole Guardian