

DUNNELTON CHRISTIAN ACADEMY  
PRE-ACADEMY REGISTRATION FORM



DATE: \_\_\_\_\_

**STUDENT INFORMATION:**

**LEGAL NAME  
OF STUDENT:**

\_\_\_\_\_  
(Last) (First) (Middle)

**Nickname:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Age as of  
Sept.1, 2017** \_\_\_\_\_

Male Female \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

CHILD CARE NEEDED  5 DAY PROGRAM  3 DAY PROGRAM (over  
the age of 1)

BEFORE/AFTER SCHOOL CARE  BEFORE  AFTER  BEFORE & AFTER

Child will arrive approximately \_\_\_\_\_ Child will leave approximately \_\_\_\_\_ (times)

Name and Address of \_\_\_\_\_  
Last Daycare \_\_\_\_\_  
Attended: \_\_\_\_\_

**PARENT INFORMATION**

**FATHER**

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

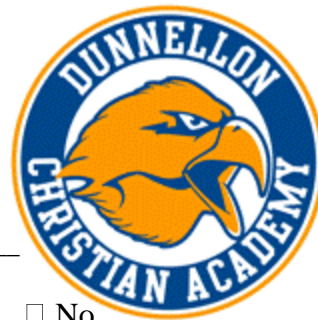
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Student Lives** Both Parents Mother Father  
**With:** Step-Mother Step-Father Grandparents

**IMPORTANT: If you are legally separated or divorced and your ex-spouse is legally prohibited from seeing or removing you child from school, our office MUST have a certified copy of the court order of Final Judgment.**

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CHURCH YOU NOW ATTEND: \_\_\_\_\_

MEMBER: YES NO

Name of

Pastor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does the child exhibit any emotional or disciplinary problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Is child taking any kind of medication on a regular basis?  Yes  No

If yes, please explain: \_\_\_\_\_

### Emergency Information

Please Note: When a student is in need of emergency medical attention, the office will call 911, the parent, and family doctor (in that order). In situations that are not emergencies, the parent will be notified first.

Student Name \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Insured's Name: \_\_\_\_\_

ANY ALLERGIES (INCLUDING FOOD) OR SERIOUS ILLNESSES: YES NO

If yes, please explain: \_\_\_\_\_

Emergency Contact: (If parents are unavailable)

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact: (If parents are unavailable)

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact: (If parents are unavailable)

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Statement of Cooperation

In making application for my child it is my desire to have him/her attend Dunnellon Christian Pre-Academy. It is also my understanding that the policy of the Academy is to make no refunds on Registration or Student Fees. I also give permission for my child to take part in all Pre-Academy activities. I absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity. Academy authorities are hereby given permission to discipline my child when necessary in accordance with Academy policies. I agree to abide by the policies of DCA Pre-Academy and all principles of proper conduct held by the school.

\_\_\_\_\_  
Signature of Father/Stepfather/Guardian DATE

\_\_\_\_\_  
Signature of Mother/Stepmother/Guardian DATE

