

Dunnellon 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, 2014** _____

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:

**Name of
Pastor:** _____

MEMBER: YES NO

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 # _____

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Statement of Cooperation

In making application for my child it is my desire to have him/her complete the school year 2012-2013 at Dunnellon Christian 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