

**FOR OFFICE USE ONLY**

Date Registration Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

**Calvary Baptist Church Academy  
Official Registration Form  
2022-2023 School Year**

**FOR OFFICE USE ONLY**

Reg. Fee Paid: \_\_\_\_\_  
Bus Reg. Fee Paid: \_\_\_\_\_  
Materials Fee Paid: \_\_\_\_\_  
Cot Fee Paid: \_\_\_\_\_  
Tuition Paid: \_\_\_\_\_  
Total Paid: \_\_\_\_\_  
Cash, Credit, or Check # \_\_\_\_\_  
Date/Office Initials \_\_\_\_\_

**Parent Information:** *(please list only the child's birth parents or legal guardians)*

Father: \_\_\_\_\_  
Title First Last Occupation Email  
Cell Phone Work Phone Home Phone

Mother: \_\_\_\_\_  
Title First Last Occupation Email  
Cell Phone Work Phone Home Phone

Birth Parent's Marital Status:  Married  Single (never married)  Separated  Divorced  Remarried  Widowed  
Child Lives With:  Mother and Father  Mother  Father  Other: \_\_\_\_\_

Street Address City State ZIP

Please list any other relations who may be responsible for the student, including step-parents:

Relationship to Student Title First Last Occupation Phone  
Relationship to Student Title First Last Occupation Phone

**Student Information:**

1. \_\_\_\_\_  
Name of child: First, Middle, Last Goes By Date of Birth Grade this Fall  
Male/Female Race(s) Cell Phone Email  
School Last Attended: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Has the student ever...Repeated any grade?  No  Yes Been suspended?  No  Yes Been expelled?  No  Yes  
If yes for any of the above, list the grade and school \_\_\_\_\_

2. \_\_\_\_\_  
Name of child: First, Middle, Last Goes By Date of Birth Grade this Fall  
Male/Female Race(s) Cell Phone Email  
School Last Attended: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Has the student ever...Repeated any grade?  No  Yes Been suspended?  No  Yes Been expelled?  No  Yes  
If yes for any of the above, list the grade and school \_\_\_\_\_

**3:00 PM Dismissal:** Car Line:   
Extended Care:  AM  PM  Both

**Emergency Contact (other than parent) – Name & Phone:**

Other than parents, persons authorized to pick up child in case of sickness or emergency (**please include all authorized parties**):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list any situations or circumstances that CBCA should be aware of so that we may take the best care of your child(ren):**

\_\_\_\_\_  
\_\_\_\_\_

(please complete reverse side)

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**Additional Information:**

Church now attending: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Med. Insurance Co: \_\_\_\_\_ Any pertinent medical information?  Yes  No

If yes, list child(ren) and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of CBCA:  Website/Online  Social Media  Advertising  Friend/Family  Church  Yard Sign  Other \_\_\_\_\_

Reason(s) for selecting CBCA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Financial Information:**

Name, address, and phone number of individual responsible for paying tuition and fees: \_\_\_\_\_  
\_\_\_\_\_

*Requested Discounts:*

- Full-time Pastor  CBCA Graduate (Circle One: Father/Mother) Graduation Year: \_\_\_\_\_
- Full-time Missionary  CBCA Knighthood Graduate (Circle One: Father/Mother)
- Active Military, Police, Firefighter Years Attended: \_\_\_\_\_ (K5) - \_\_\_\_\_ (12<sup>th</sup>)

*(Verification required for requested discounts).*

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**Preschool Only - Check all that apply:**

- K3:  ½ Day  Full Day  40 Weeks  48 Weeks (Includes 8 weeks Summer Session)
- K4:  ½ Day  Full Day  40 Weeks  48 Weeks (Includes 8 weeks Summer Session)

"For the Word of God, and for the testimony of Jesus Christ." Revelation 1:9

*"Educating students with eternity in view"*