

FOR OFFICE USE ONLY
 Date Registration Received: _____
 Date Processed: _____ Initials: _____

Calvary Baptist Church Academy Official Registration Form 2019-2020 School Year

FOR OFFICE USE ONLY
 Reg. Fee Paid: _____
 Bus Reg. Fee Paid: _____
 Materials Fee Paid: _____
 Cot Fee Paid: _____
 Tuition Paid: _____
 Total Paid: _____
 Cash or Check # _____
 Date/Office Initials _____

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

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 Parents' 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

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. _____
 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 _____

* Other siblings already enrolled at CBCA (name & grade): _____, _____

Check all that apply:
 K3: ½ Day or Full Day 40 Weeks or 50 Weeks
 K4: ½ Day or Full Day 40 Weeks or 50 Weeks

Dismissal:
Car Line:
Request Bus: AM PM Both
Extended Care: AM PM Both

How did you learn of CBCA: Website/Online Social Media Advertising Friend/Family Church Other _____

Reason(s) for selecting CBCA: _____

