

FOR OFFICE USE ONLY

Date Registration Received: _____
Date Processed: _____

**Calvary Baptist Church Academy
Official Reregistration 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(ren) Lives With: Mother and Father Mother Father Other: _____

Street Address City State ZIP

Student Information:

1. _____
Name of child: First, Middle, Last Goes By Date of Birth Grade this Fall

Male/Female Race(s) Cell Phone Email
Circle grades attended at CBCA: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

2. _____
Name of child: First, Middle, Last Goes By Date of Birth Grade this Fall

Male/Female Race(s) Cell Phone Email
Circle grades attended at CBCA: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

3. _____
Name of child: First, Middle, Last Goes By Date of Birth Grade this Fall

Male/Female Race(s) Cell Phone Email
Circle grades attended at CBCA: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

3:00 PM Dismissal:

Car Line:
Request Bus: AM (Current Bus Riders ONLY)
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):

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: _____

Financial Information:

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

Requested Discounts:

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

(Verification required for requested discounts).

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"