

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

Calvary Baptist Church Academy Official Reregistration 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, Credit, 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 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

4. _____
 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

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

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

Additional Information:

Church now attending: _____

Doctor's Name & Phone: _____

Med. Insurance Co: _____ Any physical difficulties for child(ren)? Yes No

If yes, list child(ren) and explain: _____

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

Other than parents, persons authorized to pick up child (include Emergency Contact):

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Please list any other situations or circumstances that CBCA should be aware of so that we may more effectively take care of your

child(ren):

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) - _____ (12th)*(Verification required for requested discounts).*

Bus Request:*(Complete if applicable)*Each year we evaluate our bus routes to determine if we will continue the present routes and/or add new ones. Therefore, we urge you to register and make bus requests as soon as possible as we may not be able to accommodate bus requests after July 31st.

Please note: these are all requests, but we will do our best to arrange bus transportation for everyone. The bus fee will remain the same whether the bus is used for one day or 30 days. The bus fee will not be pro-rated. For bus safety reasons, we will not be picking up children in cul-de-sacs or dead end streets; therefore, please list the closest main road.

Student Name(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Transportation requested: Round Trip (Full Day Only) One Way – A.M. One Way – P.M.

Address: _____

Street

City

Closest main road(s): _____

Bus routes will be posted on the school website (www.cbcknights.org) approximately a week prior to the first day of school.
If we are not able to accommodate you, we will notify you by email or phone.***“Educating students with eternity in view”***