

Denbigh Christian Academy

1233 Shields Rd., Newport News, VA 23608
757-874-8661 ~ FAX 757-234-4377



This school is an equal opportunity provider and employer.



STUDENT REGISTRATION FORM

FILL OUT FORM COMPLETELY Anything not applicable mark **NA** or draw a line

Child's First Name _____	Last Name _____	M <input type="checkbox"/>	F <input type="checkbox"/>	Birthdate _____
Address _____		City / State _____	Zipcode _____	Home Phone _____
Church currently attending _____				R <input type="checkbox"/> L <input type="checkbox"/> Handed
How did you hear about DCA:		DCA Website <input type="checkbox"/>	Friend / Parent Referral <input type="checkbox"/>	
OTHER _____				
Previous Child Day Care Program or Schools Attended _____				
Has your child been ask to leave any School/Daycare YES NO If Yes, explain _____				
Please attach explanation if necessary				
Any additional information that would be helpful to teacher.			Note any Chronic Physical or Mental Limitation	

Parents / Guardians

Father / Guardian's name _____		Place of Employment _____		Work Phone _____
Home address _____	City/State _____	Zipcode _____	Home Phone _____	Cell _____
email address _____			alternate email _____	
Mother/ Guardian's name _____		Place of Employment _____		Work Phone _____
Home address _____	City _____	Zipcode _____	Home Phone _____	Cell _____
email address _____				
Child resides with <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other				

Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up the child 032-05-252/9

Allergies and Authorized Pick Up

Allergies or intolerance to food, medication, etc.. with note signed by your Doctor		ALL MEDICATION must have consent form	
Child's Physician _____			Phone _____
Person(s) authorized to pick up child : _____			
(Other than parents) _____			
Emergency Person and Phone # : _____			
No one will be allowed to pick-up <u>or</u> visit your child if not listed above as authorized person <u>or</u> without your written permission			

**EMERGENCY contact MUST NOT reside with Parent or Guardian AND
MUST be two different people with two different address**

Name _____			Home Phone _____
Address _____	City / State _____	zipcode _____	Cell _____
Name _____			Home Phone _____
Address _____	City / State _____	zipcode _____	Cell _____
Parent or Guardian Signature _____			Date _____
DCA Director or Administrator Signature _____			Date _____
Date child entered facility _____			Date child left facility _____

AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS Ages 3 and up

<p>I hereby consent to have my child participate in field trips supervised by the teaching staff- away from the school grounds to nearby point of interest.</p> <p>I hereby authorize Denbigh Christian Academy to call an ambulance in case of an accident or acute illness, and to arrange for necessary emergency medical and/or surgical care, in case I am not immediately available. Any qualified physician, called by Denbigh Chirsitan Academy may treat and do whatever is necessary for the health and well being of my child.</p> <p>It is understood, however, that a conscientious effort must be made to notify parents or guardian before such action will be taken.</p>	
Parent /Guardian Signature _____	Date _____

NOTE: THE \$100.00 REGISTRATION FEE IS NON-REFUNDABLE

Place of the child's Identity and age may include a certified copy of the child's **birth certificate, birth registration card, notification of birth (hospital,physician or midwife record), passport, copy of the placement agreement** or other proof of the child's idnety from a child's placing agency, **record from a public school in Viirginia**, or certification by a principal or his designee of a public school in ths U.S., **that a certified copy of the child's birth record was previously presented.**

**OFFICE USE ONLY
IDENTITY VERIFICATION**

_____	_____	_____	_____
Place of birth	Birthdate	Certificate number	Date issued
_____			_____
1/30/2017	Other form of proof		