

Denbigh Christian Academy

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



This institution 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 _____	F _____	Birthdate _____
Home Address, City / State _____			Zip code _____			R L Handed
Church currently attending _____						
How did you hear about DCA: <input type="checkbox"/> DCA Website <input type="checkbox"/> Friend / Parent Referral						
Previous Child Day Care Programs or Schools Attended _____						
Has your child been ask to leave any School / Daycare Yes NO If Yes Why? _____ Please attach explanation if necessary						
Any additional information that would be helpful to teacher.				Note any Chronic Physical or Mental Limitation		

Father / Guardian

Father / Guardian's name _____		Father Home Phone _____
Home Address, City / State & Zipcode _____		Father Cell Phone _____
Place of Employment _____	Work Address, City / State & Zipcode _____	Father Work Phone _____
Father / Guardian email _____		

Mother / Guardian

Mother/ Guardian's name _____		Mother Home Phone _____
Home Address, City / State & Zipcode _____		Mother Cell Phone _____
Place of Employment _____	Work Address, City / State & Zipcode _____	Mother Work Phone _____
Mother / Guardian email _____		
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 to food, medication, etc.. MUST be accompanied by form signed by Doctor. ALL meds must have consent FORM	
Child's Physician _____	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
Home Address, City / State	zip code	Cell
Name		Home Phone
Home Address, City / State	zip code	Cell

Parent or Guardian Signature	Date
DCA Director or Administrator Signature	Date
Date child entered facility	Date child left facility

EMERGENCY AUTHORIZATION

<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 Christian Academy may treat and do whatever is necessary for the health and well being of my child. I is understood, however; that a conscientious effort must be made to notify parents or guardians before such action will be taken. I will keep the office updated with correct contact information at all times in case of an emergency.</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 identity from a child placing agency, **record from a public school in Virginia**, or certification by a principal or his designee of a public school in the U.S., **that a certified copy of the child's birth record was previously presented.** Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) of the center transfers responsibility of the child directly to the school, (i.e. before school program) While programs are not required to keep the proof of the child's identity, documentation of viewing the information must be maintained for each child.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of birth	Birthdate	Certificate number	Date issued
Other form of proof			