

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 _____		Home Phone _____	
Church currently attending _____					R _____		L _____
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			

Parents / Guardians

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

Mother/ Guardian's name _____		Place of Employment _____		Mother Work Phone _____			
Home Address, City / State _____				Zip code _____			
Mother / Guardian email _____				Mother Cell _____			
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

AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS Ages 3 and UP

I hereby consent to have my child participate in field trips supervised by the teaching staff away for the school grounds to a nearby point of interest.

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.

It 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.**

_____	_____
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) or 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			