## **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

	FILL OUT FORW COWIFLETEL	r Anything not applicable mark wa or draw	a IIIIE	
			M F	
Child's First Name	"CALLED"	Last Name	!	Birthdate
				R L Handed
Н	ome Address, City / State	Zip code		
Church currently attending				
How did your hear about DCA:	DCA Website	Friend / Parent Referral		
Previous Child Day Care Programs or	Schools Attended			
Has your child been ask to leave any	/ School / Daycare	Yes NO If Ye <u>s Why?</u> Please att	ach explanation if	necessary
Any additional	information that would be helpful to tea	cher. Note any Chronic Physica	ıl or Mental Limitat	ion
	Fath	er / Guardian		
F.	ather / Guardian's name		Ī	Father Home Phone
	Home Address, City / State & Zip	code	<del></del>	Father Cell Phone
Place of Employment	Work Ad	ldress, City / State & Zipcode		Father Work Phone
	Father / Guardian email			
	Moth	ner / Guardian		
	mou.			
M	other/ Guardian's name		1	Nother Home Phone
	Home Address, City / State & Zip	code		Mother Cell Phone
Place of Employment	Work Ad	ddress, City / State & Zipcode		Mother Work Phone
1	Mother / Guardian email			
	om Dad	Other		
Appropriate paperwork such as		f a parent is not allowed to pick up the	child 032-05-2 <u>52</u>	/9
	Allergies and	d Authorized Pick Up		
Allergies to food medication etc.	MUST be accompanied by form sign	ned by Doctor. ALL meds must have c	onsent FORM	
The glos to rood, medication, etc.	. MOOT be accompanied by form sign	nou by Doctor. ALE meus must have t	Onsone i Oni	
		Physician Phone #		
Danasa (a) audhari - 14 - 14 - 1	<u>Name</u>	Relationship to Chic	<u>d</u>	Phone #
Person(s) authorized to pick up ch	niia :			

## Two local EMERGENCY contacts Other than the Parent or Guardian

Parent / Guardian Signature  NOTE: THE \$125.00  ace of the child's identity and age may include a celeptification of birth (hospital, physician or midwife rest the child's identity from a child placing agency, recess designee of a public school in the U.S., that a celewing the child's proof of identity is not necessary we sumes responsibility for the child directly from the seponsibility of the child directly to the school, (i.e. be coof of the child's identity, documentation of viewing	REGISTRATION FEE IS rtified copy of the child's birth ecord), passport, copy of the child's birth erified copy of the child's birth end from a public school in vertified copy of the child's birth end the child attends a public echool (i.e. after school programe fore school program) While p	NON-REFUNDABLE certificate, birth registra placement agreement o /irginia, or certification by th record was previously school in Virginia and the m) of the center transfers programs are not required ained for each child.	tion card, r other proof a principal or y presented. center
Parent / Guardian Signature  NOTE: THE \$125.00  ace of the child's identity and age may include a celeptification of birth (hospital, physician or midwife rest the child's identity from a child placing agency, recess designee of a public school in the U.S., that a celewing the child's proof of identity is not necessary we sumes responsibility for the child directly from the seponsibility of the child directly to the school, (i.e. be coof of the child's identity, documentation of viewing	REGISTRATION FEE IS  rtified copy of the child's birth accord), passport, copy of the cord from a public school in Nortified copy of the child's birth accord (i.e. after school program before school program) While put the information must be maint	NON-REFUNDABLE certificate, birth registra placement agreement o /irginia, or certification by th record was previously school in Virginia and the m) of the center transfers programs are not required ained for each child.	tion card, r other proof a principal or y presented. center
Parent / Guardian Signature  NOTE: THE \$125.00  ace of the child's identity and age may include a cere of the child's identity and age may include a cere of the child's identity from a child placing agency, received a designee of a public school in the U.S., that a cere ewing the child's proof of identity is not necessary we sumes responsibility for the child directly from the seponsibility of the child directly to the school, (i.e. because in the contract of the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school, (i.e. because in the child directly to the school).	REGISTRATION FEE IS  retified copy of the child's birth a cord), passport, copy of the child's birth a cord from a public school in when the child attends a public school (i.e. after school program after school program) While put the information must be maint	certificate, birth registra placement agreement of the record was previously school in Virginia and them) of the center transfers programs are not required	tion card, r other proof a principal or y presented. center
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Parent / Guardian Signature  NOTE: THE \$125.00  ace of the child's identity and age may include a cerbification of birth (hospital, physician or midwife re	REGISTRATION FEE IS rtified copy of the child's birth ecord), passport, copy of the	NON-REFUNDABLE certificate, birth registra placement ogreement o	Date  tion card, r other proof
Parent / Guardian Signature  NOTE: THE \$125.00	REGISTRATION FEE IS	NON-REFUNDABLE	Date
taken. I will keep the office updated with correct  Parent / Guardian Signature	et contact information at all t	_	gency.  Date
taken. I will keep the office updated with correct		times in case of an emer	gency.
		imes in case of an emer	
pereby authorize Denbigh Christian Academy to call grange for necessary emergency medical and /or sur my qualified physician, called by Denbigh Christian A bell being of my child.	rgical care, in case I am not im	mediately available. atever is necessary for the	health and
E	MERGENCY AUTHORIZATIO	DN	
Date child entered facility			Date child left facility
25. 2. State of Administrator Olyman			24.0
DCA Director or Administrator Signat	ure		Date
Parent or Guardian Signature			Date
Home Address, City / State		zip code	Cell
Name			Home Phone
		zip code	Cell
Home Address, City / State			Home Phone
Name Home Address, City / State			

Revised 06/07/2022