

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	"CALLED"	Last Name	M	F	Birthdate
Home Address, City / State				Zip code	
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?					
<i>Please attach explanation if necessary</i>					
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 #		
	Name	Relationship to Chid	Phone #
Person(s) authorized to pick up child :	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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

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. 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.</p>	
Parent / Guardian Signature	Date

NOTE: THE \$125.00 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			