



A ministry of Calvary Chapel FourteenSix

2019-2020 REGISTRATION FORM

Grade entering 2018-2019 (circle one) K 1 2 3 4 5 6 7 8

Returning Student New Enrollment

STUDENT INFORMATION

First Name:		Last Name:		Middle Initial:
DOB (MM/DD/YY):	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:	
Address:				
City:		State:	Zip:	

FAMILY INFORMATION

Mother

First Name:		Last Name:		Middle Initial:
Primary Phone:	Work Phone:	Email:		
Address:				
City:		State:	Zip:	
Employer/Occupation:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single		

Father/Legal Guardian

First Name:		Last Name:		Middle Initial:
Primary Phone:	Work Phone:	Email:		
Address:				
City:		State:	Zip:	
Employer/Occupation:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single		

Legal Custody (if applicable)

If parents are divorced or separated, who has legal custody of the student?

Sibling Information

Name	DOB	Grade	School

Church Information

Member of FourteenSix Christian Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", what church do you regularly attend?
---	---

Billing Information

Responsible Party's Name:	SSN: _____ - _____ - _____
---------------------------	----------------------------

Address:

City:	State:	Zip:
-------	--------	------

Phone:	Employer:
--------	-----------

Parental Consent:

In case of an emergency situation, we hereby authorize any hospital or doctor to render immediate emergency aid as might be required at the time for our child's health and safety. We understand we will be responsible for the expense of these services. This may include but not be limited to, ambulance service. We understand the Academy will attempt to reach us first.

We give permission:
To FCA staff or volunteers to administer basic first aid.
For our child to attend all FCA sponsored field trips, walks to Kingswood Parke, and activities throughout the school year, unless otherwise requested in writing.
For FCA to use photos of our child in all promotional and advertising materials to include the FCA website, unless otherwise requested in writing.

_____	_____	_____	_____
Father's Signature	Date	Mother's Signature	Date

ADMISSION & CONTINUED ENROLLEMENT DETERMINED BY:

- The student's and parent's commitment towards their role in the student's education. (Read Parent/Student Commitment section of Handbook)
- A student's willingness to attend FourteenSix Classical Christian Academy, and their desire to grow and mature in a personal relationship with Jesus Christ.
- The student's academic, financial, and special needs.

FCA does not discriminate on the basis of race, color, or gender. Attendance at FCA is a privilege and as such, the Academy reserves the right to disenroll any student.

AFTER SCHOOL PROGRAM INTEREST SURVEY

Please respond to this survey to indicate interest in the following after school programs. Offered programs will be based on survey results.

- Cooking Class
- Martial Arts
- Dance/Gymnastics
- Piano/Voice Lessons

FOR SCHOOL OFFICE USE ONLY:

FEES RECEIVED WITH APPLICATION

<input type="checkbox"/> Full Registration	Amount Received: \$	Date Received:
<input type="checkbox"/> Deposit	Amount Received: \$	Date Received:
<input type="checkbox"/> Mid-Year Enrollment	Amount Received: \$	Date Received:

NOTES: