

Enrollment Application



Good News Christian Academy

5200 Courthouse Road Chesterfield, VA 23832 (804) 744-9071

www.gnchristian.org

Good News Christian Academy Early Education Center

Applicant

Current date: _____ Starting Date: _____

Childs Full Name: _____
Last First Middle Answers To

Date of Birth _____ Male ___ Female ___ Ethnic Origin _____ SSN _____

Applying for:

Day Care ___ Preschool ___ Both ___ Before & After Care ___ Class 2½ yr ___ K-3 ___ K-4 ___

School last attended or presently attending _____

Address _____

Parent/Guardian #1

Dr./ Mr./ Mrs./Ms. _____ Date of Birth _____ SSN/Drivers License _____

Home Address _____ Home Phone _____ Mobile _____

Relationship to the Student _____ Live with Student? Yes ___ No ___

Employer/Occupation _____ Billing Party? Yes ___ No ___ Work Phone _____

Marital Status: Married ___ Widowed ___ Separated ___ Divorced ___ Remarried ___

Parent/Guardian #2

Dr./ Mr./ Mrs./Ms. _____ Date of Birth _____ SSN/Drivers License _____

Home Address _____ Home Phone _____ Mobile _____

Relationship to the Student _____ Live with Student? Yes ___ No ___

Employer/Occupation _____ Billing Party? Yes ___ No ___ Work Phone _____

Marital Status: Married ___ Widowed ___ Separated ___ Divorced ___ Remarried ___

Check any that Apply

Father deceased ___ Mother deceased ___ Parents Separated ___ Parents divorced ___

Student lives with: Father & Mother ___ Father ___ Mother ___ Other ___ Guardian ___

Stepfather ___ Stepmother ___

Legal Custody: Father ___ Mother ___ Guardian ___ Other ___

Other than the parents/legal guardian, the student will be released only to persons indicated below (must include at least two other persons to call for illness, accidents, late pick-up or other emergency reasons). Please list them in the order of preference for us to contact.

1. Mr./Mrs./Ms. _____ Home Phone _____ Mobile _____
Home Address _____
Relation to student _____ Live with the Student? Yes ___ No ___
Employer/Occupation _____ Work Phone _____

2. Mr./Mrs./Ms. _____ Home Phone _____ Mobile _____
Home Address _____
Relation to student _____ Live with the Student? Yes ___ No ___
Employer/Occupation _____ Work Phone _____

3. Mr./Mrs./Ms. _____ Home Phone _____ Mobile _____
Home Address _____
Relation to student _____ Live with the Student? Yes ___ No ___
Employer/Occupation _____ Work Phone _____

Health / Medical

Emergency Contact _____ Number _____

Contacts Relation to you: Relative ___ Friend ___ Guardian ___ Other ___

Doctor's Name _____ Phone # _____

Address _____

Does the student have any physical, mental or emotional problems? Yes ___ No ___

Explain _____

Allergies we should be aware of: _____

Medications taken daily or frequently: _____

I, _____ give permission for my child _____ to be given first aid, CPR & emergency treatment. I authorize & consent to medical, surgical and hospital care to be performed for my child by the child's primary physician, other licensed physicians and hospital staff when deemed immediately necessary or advisable to safeguard by child's health if I cannot be contacted. In such a cause, I waive my right of informed consent to such treatment. I also give permission for my child to be transported to an emergency center for treatment. I agree to pay all physician and hospital bills and Good News Christian Academy will not be responsible for them.

Parent / Guardian signature _____ Date _____

Miscellaneous Information

Church Currently Attending _____ Pastor _____

Attendance: Regular ___ Occasional ___ Seldom ___ Never ___

If you do not have a church you regularly attend, we would be honored to become your church family.

How did you hear about Good News Christian Academy? _____

Names and ages of other children in family

Name _____ Birthday _____ Grade _____ School _____

Name _____ Birthday _____ Grade _____ School _____

Name _____ Birthday _____ Grade _____ School _____

List other on a separated paper and return with this application.

Education

What would you like your child to learn about God? _____

What are your three highest priorities regarding the total education of your child?

A. _____

B. _____

C. _____

Why have you chosen Good News Christian Academy for your child? _____

Please give any information concerning your child that will be helpful in his / her experience in the early education environment.

Play Habits	
Likes and Dislikes	
Fears	
Eating Behaviors	
Home Situation	
Other	