

CROSS CHRISTIAN ACADEMY

A Ministry of Cross Church

2021-2022 REGISTRATION FORM

Grade Entering: **KG 1 2 3 4 5**

Returning CCA Student

New CCA Student

Mid-School Year Transfer Student

Student Information

First Name:		Last Name:		Middle Initial:
Date of Birth: (MM/DD/YYYY)	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:	
Current Address:				
City:		State	Zip Code	

Family Information

Mother

Last Name:		First Name:		Middle Initial:
Home Phone:	Cell Phone:	Work Phone:	E-Mail:	
Address:		City:	State:	ZIP Code:
Employer and Occupation:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Single		

Father

Last Name:		First Name:		Middle Initial:
Home Phone:	Cell Phone:	Work Phone:	E-Mail:	
Address:		City:	State:	ZIP Code:
Employer and Occupation:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <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

Sibling Name	Grade	School

Church Information

Member of Cross Church: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" What Church do you normally attend:
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Billing Information

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

Phone:

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 school will attempt to reach us first.

We give permission:

- To CCA staff or volunteers to administer basic first aid.
- For our child to attend all CCA sponsored trips and activities throughout the school year, unless otherwise requested in writing.
- For CCA to use photos of our child in all promotional and advertising materials to include the CCA website, unless otherwise requested in writing.

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

Other Information (For Statistical Purposes Only – Please Check One)

African American Native American Caucasian Hispanic Asian Pacific Islander Other _____

Please include my family in Prayer at Cross Church:

Yes No Specific Prayer Request: _____

For School Use Only:

<input type="checkbox"/> Full Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> One Half Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> One Half Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> CC Member	<input type="checkbox"/> CCA Staff	<input type="checkbox"/> 2 Children Attending CCA/ABP
<input type="checkbox"/> Active Military	<input type="checkbox"/> Returning Student	<input type="checkbox"/> ABP Student <input type="checkbox"/> After School Care