

Columbia Christian Academy
206 Campbellsville St, Columbia, KY 42728
270-384-2612

Child Registration

Child's Name: _____ Date of birth _____ Age _____

What name do you want your child to go by? _____ Male or Female (Please circle)

Address _____ City _____ Zip _____

Phone _____ What church does your family attend? _____

Father's Name _____ Father's employer _____

Father's Work Phone _____ Father's cell phone _____ Texting? _____

Mother's Name _____ Mother's employer _____

Mother's Work Phone _____ Mother's cell phone _____ Texting? _____

Parents are: Married _____ Separated _____ Divorced _____

Names & ages of other family children _____

Family Doctor _____ Phone _____

Allergies _____ Hearing/Speech Difficulties _____

Medications _____

Child is living with: (Please circle) Mother & Father Mother Step-Mother Father Step-Father Guardian

If the child is not living with a parent, do you have legal custody? _____ Yes _____ No. *****School must have a copy of custody papers on file.***

How did you hear about CC Academy? _____

Are there other children that are or will be enrolled in our academy that your child considers a close friend? Please list:

Please list anything about your child that our teachers should know, such as HEALTH, FEARS, FAMILY RELATIONSHIPS, ABILITIES, LIMITATIONS, etc. on the back of this sheet.

I hereby authorize the OCC Preschool to obtain emergency medical care for my child.

 Signature of Parent/Guardian

 Date

A registration fee of \$100.00 is due when application is returned and a current immunization certificate is due before school begins. Please send application to:

Columbia Christian Church
206 Campbellsville St
Columbia, KY 42728