

# CEDAR ROAD CHRISTIAN ACADEMY

916 CEDAR ROAD  
CHESAPEAKE VA 23322  
(757) 547-9553

## REGISTRATION FORM FOR SCHOOL YEAR \_\_\_\_\_

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
City, State, Zip (Month) (Day) (Year)

Mother's Name: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### My child is being enrolled into the following program (check one only):

\_\_\_\_\_ Full Time (CRCA Preschool & Elementary students attending both school *and* daycare)  
(N-2, PS-3, PK-4, K-5, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>) (Circle One)

\_\_\_\_\_ Preschool Only: PS-3, PK-4 (8:30 a.m. – 11:30 a.m.) (Circle One)

\_\_\_\_\_ School Only: K-5 (8:00 a.m. – 12:00) 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>, & 5<sup>TH</sup> (8:00 a.m. – 3:00 p.m.) (Circle Grade)

\_\_\_\_\_ Before & After School (Public School Students only –School Name AND Grade: \_\_\_\_\_)

\_\_\_\_\_ After School only (Public School Students only -School Name AND Grade: \_\_\_\_\_)

Has your child ever been enrolled at CRCA before? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what year: \_\_\_\_\_

Referred by: \_\_\_\_\_

### PICK UP AUTHORIZATION

Cedar Road Christian Academy is authorized to release my child to the following people:

Name:	Daytime phone #:	Relationship to child:

**Medication Consent Form**

**Cedar Road Christian Academy has my permission to administer the following to my child when needed and according to the dosage recommended by the manufacturer:**

\_\_\_\_\_ Children's Tylenol

\_\_\_\_\_ Pepto Bismol

\_\_\_\_\_ Tums

\_\_\_\_\_ None. Please contact me immediately.

***IF THERE IS A SITUATION THAT YOU WOULD LIKE US TO BE ESPECIALLY CAUTIOUS ABOUT, SUCH AS ALLERGIES OR CHILD CUSTODY ISSUES, PLEASE EXPLAIN IN THE SPACE BELOW :***

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**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE:**

**Date Registration Paid:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_

**Birth Certificate Number:** \_\_\_\_\_ **State** \_\_\_\_\_

**Photograph Permission**  
(Please initial spaces where permission is given)

I give \_\_\_\_\_ do not give \_\_\_\_\_ Cedar Road Christian Academy/Assembly of God permission to take my child's photograph for use of display in the school & church \_\_\_\_\_, on the CRCA web site \_\_\_\_\_, and for possible use on other forms of advertising such as flyers, brochures and commercials \_\_\_\_\_.