



876 Central Avenue  
Dunkirk, NY 14048  
(716) 366-6634

**Office Use:**

___ Date Enrolled _____	___ Custodial Papers (if applicable)
___ Registration Fee \$ _____	___ Parent Agreement
___ Tuition \$ _____	___ Tuition Agreement
___ Check # _____	___ Immunization Record
___ Screening Scheduled _____	___ Medication Release
___ Screening Date _____	___ Birth Certificate

## CENTRAL CHRISTIAN ACADEMY 2014-2015 ENROLLMENT FORM

**Please note: There is a \$150.00 registration fee due at the time of registration**

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME		NICKNAME	
ENTERING GRADE (circle grade level desired)							
N3 K4 K5		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>		6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>			
AGE	GENDER	BIRTHDATE		HOME PHONE		Cell Phone	
CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S)							
FIRST and Last NAME(S)						RELATIONSHIP TO STUDENT	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ONE PARENT DECEASED <input type="checkbox"/> STUDENT LIVING WITH PARENT & STEP-PARENT OR OTHER							
IF DIVORCED, WHO HAS CUSTODY FOR DECISION MAKING? <input type="checkbox"/> JOINT <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER    (COPY OF CUSTODIAL PAPERS REQUIRED)							
ADDRESS			CITY		ZIP	SCHOOL DISTRICT	
E-MAIL ADDRESS			COMMUNICATION PREFERENCE <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL				
NON-CUSTODIAL PARENT NAME (IF APPLICABLE)		ADDRESS				PHONE	
FATHER'S WORK PLACE			FATHER'S WORK PHONE #			CELL #	
MOTHER'S WORK PLACE			MOTHER'S WORK PHONE #			CELL #	
CHURCH HOME			PASTOR			YOUTH PASTOR	
WHAT IS THE FREQUENCY OF YOUR FAMILY'S ATTENDANCE?				ARE YOU A MEMBER OF FIRST BAPTIST CHURCH OF DUNKIRK?			
<input type="checkbox"/> WEEKLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> INFREQUENTLY				<input type="checkbox"/> Yes <input type="checkbox"/> No			
IS THIS YOUR OLDEST CHILD ATTENDING CCA? <input type="checkbox"/> Yes <input type="checkbox"/> No							
OTHER CHILDREN ATTENDING CCA (OLDEST TO YOUNGEST)							
NAME				GRADE			
NAME				GRADE			
NAME				GRADE			
NAME				GRADE			
ETHNICITY CODE		NEW YORK STATE REPORTING CODES *					
Ethnicity		1 - AMERICAN INDIAN    2 - BLACK (NOT HISPANIC)    3 - ASIAN OR PACIFIC ISLANDER    4 - HISPANIC    5 - WHITE (NOT HISPANIC)    6 - MULTI-RACIAL					

\*Central Christian Academy does not discriminate on the basis of race, color, sex, nationality, or ethnic origin in its admission, education, financial, or employment policies.

EMERGENCY CONTACT NAME #1	EMERGENCY PHONE #1	RELATIONSHIP TO STUDENT	
EMERGENCY CONTACT NAME #2	EMERGENCY PHONE #2	RELATIONSHIP TO STUDENT	
DOCTOR	PHONE	DOES CHILD WEAR CONTACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF LAST TETNUS SHOT (month/year) ___/___
HOSPITAL PREFERENCE	INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTACT #	
MEDICAL CONDITIONS, PRESCRIPTION MEDICATIONS		ALLERGIES, OTHER RELEVANT AND APPROPRIATE INFORMATION	

## PARENT'S AGREEMENT AND COMMITMENT

I, the undersigned parent(s)/guardian(s), do hereby state that I have read the school's purpose and objectives and am willing to abide by them for the training of my/our child(ren). I hereby agree to accept and support all regulations of the school on the applicant's behalf.

I agree to support the school's standard of conduct, discipline, and dress code and will cooperate with the school to see that my child(ren) meet the standards of appearance and conduct as outlined in the Parent/Student Manual. I understand the standards of Central Christian Academy do not tolerate profanity, obscenity in word or action, dishonor to God, His Son Jesus Christ, or the Word of God, or disrespect to the personnel of the school. I hereby agree to authorize this school to employ such discipline as it deems wise and expedient for my child in accordance to school policy. I understand that Central Christian Academy reserves the right to expel any child who fails to comply with the established regulations and discipline.

I agree to uphold and support the high academic standards of Central Christian Academy by providing a place at home for my child to study and give my child encouragement in the completion of homework and assignments.

I realize that a Christian school is not a substitute for the local church. Christian education is complete when the child receives instruction from the home, Christian school, and a Bible-teaching church. Therefore, I will do my best to regularly attend a local church. I also agree to pray for the ministry of the school, staff members, School Committee, and fellow families as we join in partnership with Central Christian Academy in order to help me with my Biblical responsibility to my child.

**MEDIA AGREEMENT:** I hereby give Central Christian Academy permission to use and/or copyright identifiable information about my child including photographs, video, digital image, name, school of attendance, athletic achievements, academic achievements, and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any CCA Web Page(s), understanding that this information may be published worldwide.

**MEDICAL RELEASE:** I hereby give Central Christian Academy, its administrators, secretaries, teachers, and/or any hospital personnel, permission to do what they deem necessary for my child's well being in the case of any emergency that might arise while he/she is at the school or participating in any school related function.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school and First Baptist Church from liability to me or my child because of any injury to my child at school or during any school activity. *In case of accident or serious illness, I 1) request the school to contact me, 2) authorize the school to provide necessary medical treatment including hospital emergency room and treatment by physician of choice.*

**TUITION AND FEES AGREEMENT:** I hereby pledge to pay my financial obligations to Central Christian Academy and agree to pay the tuition according to the policies of the school. If financial problems arise, I further understand that it is my responsibility to make special arrangements with the school.

I have read the terms stated on this form and agree to abide by them.

**(Please do not sign, but contact the school office if you do not agree to abide with any portion of this form.)**

✍ Signature of BOTH Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

✍ Signature of Person Responsible for Tuition Payments: (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_