

Please print all information legibly.

Enrollment Form

2011-2012  
Returning Students

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

\_\_\_\_\_  
New Student Entrance Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name Sex Age Birth Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Address (if different from child)

\_\_\_\_\_  
Mother's Home # Mother's Mobile # Mother's Business #

\_\_\_\_\_  
Mother's Place of Employment

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
Mother's E-mail Address

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

\_\_\_\_\_  
Address (if different from child)

\_\_\_\_\_  
Father's Home # Father's Mobile # Father's Business #

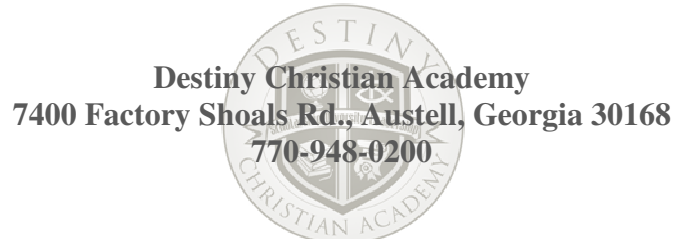
\_\_\_\_\_  
Father's Place of Employment

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
Father's E-mail Address

Child's Living Arrangements:  
\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Child's Legal Guardian(s):  
\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (Specify) \_\_\_\_\_



## Parental Agreement

1. Destiny Christian Academy agrees to provide child care for \_\_\_\_\_ on Monday - Friday, 6:45 a m to 3:00 p m. I am aware child(ren)'s name(s) \_\_\_\_\_ that After School Care services are provided for an additional fee from 3:15 p m to 6:00 p m.
  
2. I am aware that all breakfast must be served from home and consumed before arrival to school regardless of arrival time. Destiny Christian Academy will provide a daily morning snack at approximately 8:00 a.m.  
  
Afternoon snacks will be provided to students participating in the After School Program.  
  
Lunch will be served to all Pre-K students. Elementary students may bring meals from home or purchase meals on a daily or weekly basis. I am aware that if my student does not have lunch from home, he/she will be provided a meal from school. I am also aware that my account will be billed accordingly.
  
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
  
4. I acknowledge that it is my responsibility to keep my child(ren)'s records current to reflect any significant changes as they occur e.g. telephone numbers, work location, emergency contacts, child(ren)'s physician, child(ren)'s health status, immunization records, etc.
  
5. The facility agrees to keep me informed of any incidents; including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases, which affects my child(ren).
  
6. Destiny Christian Academy agrees to obtain written authorization from me before my child(ren) participate in routine transportation field trips or special activities occurring in water that is more than two (2) feet deep.
  
7. I have received a copy and agree to abide by the policies and procedures for Destiny Christian Academy.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Executive Director) \_\_\_\_\_ Date \_\_\_\_\_

