

Heritage Christian Academy
(Please Print)

Application/Registration 2010-11

Student Name _____ (_____)
Last First Middle Name Used

Grade (2010-2011) _____ **Birth date** ___/___/___ **Age** _____ **Sex** **M** **F**

Address _____
Street City Zip

Home Phone (_____) _____

Father/Guardian _____
Last First M.I.

Address _____
Street City Zip

Home Phone (_____) _____ **Cell Phone** (_____) _____

Work Phone (_____) _____ **E-mail** _____

Occupation/Employer _____

Employer Address _____
Street City Zip

Mother/Guardian _____
Last First M.I.

Address _____
Street City Zip

Home Phone (_____) _____ **Cell Phone** (_____) _____

Work Phone (_____) _____ **E-mail** _____

Occupation/Employer _____

Employer Address _____
Street City Zip

Student's Physician _____
Name Address Phone

Church Affiliation _____

First Emergency Contact: _____
(Other than Parent) Name Address City

Phone Cell Phone

Is this person allowed to pick up your child? ___ **Yes** ___ **No**

Second Emergency Contact: _____
Name Address City

Phone Cell Phone

Is this person allowed to pick up your child? ___ **Yes** ___ **No**

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

*** Non-refundable Registration Fee Must Accompany Application***

Office Use Only

Date Received _____ **Registration Fee** ___ (Ck # _____) **Activity Fee** ___ (Ck # _____)