

# Registration Form

School Year \_\_\_\_\_ Date \_\_\_\_\_

## Student Information

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security  
Number \_\_\_\_\_

School Last  
Attended \_\_\_\_\_

Address \_\_\_\_\_

Last Grade  
Completed \_\_\_\_\_

## Family Information

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

Email: \_\_\_\_\_

Employment \_\_\_\_\_ Business

Phone \_\_\_\_\_

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

\_\_\_\_\_

Employment \_\_\_\_\_ Business

Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed  
\_\_\_\_\_ Separated

### Children in Family

\_\_\_\_\_ Attend CCA? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Attend CCA? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Attend CCA? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Attend CCA? \_\_\_\_\_ yes \_\_\_\_\_ no

Emergency Name and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Religious Information

Church Attending

\_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father: Christian? \_\_\_\_yes \_\_\_\_no

Mother: Christian? \_\_\_\_yes \_\_\_\_no

Has the applicant ever made a profession of faith in Christ? \_\_\_\_yes  
\_\_\_\_no

### Medical Information

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Any known  
allergies? \_\_\_\_\_

Daily  
Medications \_\_\_\_\_

### Scholastic Information

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has student ever failed an academic subject in  
school? \_\_\_\_\_

If yes,  
explain \_\_\_\_\_

Has student been expelled, dismissed, suspended, or refused admission to  
another  
school? \_\_\_\_\_

If yes,  
explain \_\_\_\_\_

Has student had disciplinary difficulties in school? \_\_\_\_\_

If yes,  
detail \_\_\_\_\_

Does student have a juvenile or arrest record? \_\_\_\_\_

If yes,  
explain \_\_\_\_\_

General Information
---------------------

How did you hear about CCA? \_\_\_\_\_

Reason for selecting CCA?

\_\_\_\_\_

\_\_\_\_\_

Application must be filled out completely before it can be processed.

Registration fee of \$175 must be turned in with application.

(Non-refundable) Parents and child will be interviewed before acceptance.

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(Last) (First) (Middle)

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City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of  
Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

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Attended \_\_\_\_\_

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Last Grade  
Completed \_\_\_\_\_

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Employment \_\_\_\_\_ Business

Phone \_\_\_\_\_

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

\_\_\_\_\_

Employment \_\_\_\_\_ Business

Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed  
\_\_\_\_\_ Separated

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2. \_\_\_\_\_

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Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

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