



Calvary Harvest Christian Academy, 3621 Jodeco Road, Jonesboro, GA 30236, Tel: (678) 267-2728
Enrollment Application

Entrance Date: _____ Withdrawal Date: _____

Child's Name: _____ Sex: _____ Age: _____

Home Address (Street): _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Father's Name: _____ Home Phone Number: _____

Father's Home Address (if different from child): _____

City: _____ State: _____ Zip: _____

Father's place of employment: _____ Work number: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home Phone Number: _____

Mother's Home Address (if different from child): _____

City: _____ State: _____ Zip: _____

Mother's place of employment: _____ Work number: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

Child's Living Arrangements: (check one) both parents Mother Father Other

Child's Legal Guardian(s): (check one) both parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____

Telephone Number: _____ Relationship to child: _____

Name: _____ Address: _____

Telephone Number: _____ Relationship to child: _____

Name: _____ Address: _____

Telephone Number: _____ Relationship to child: _____

Name: _____ Address: _____

Telephone Number: _____ Relationship to child: _____

Name: _____ Address: _____

Telephone Number: _____ Relationship to child: _____

Person to contact in the case of emergency when parent or guardian cannot be reached:

Name: _____ Telephone Number: _____



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Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name of Public or Private School child attends, if any: _____

Child's Doctor or clinic name: _____

Doctor/clinic phone number: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth: _____

suffer an injury or illness while in the care of (Facility name) Calvary Harvest Christian Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge: _____

Signature

Date: _____