

2010-2011 School Year

**THE KING'S CHRISTIAN ACADEMY**

20738 Point Lookout Road, Callaway, MD 20620

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**FAMILY APPLICATION**

*Please use black ink when completing this form.*

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FATHER/GUARDIAN**

Name \_\_\_\_\_  Mr.  Dr.  Rev  Other \_\_\_\_\_

First, Middle, Last

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

Number and Street City, State, Zip

Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Area Code, Number

Area Code, Number

E-Mail \_\_\_\_\_ Relation:  Father  Guardian  Step-Father  Grandfather  Other \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Church You Attend \_\_\_\_\_ Are you a member?  Yes  No

Church Address \_\_\_\_\_

Number and Street City, State, Zip

Church Telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Area Code, Number

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area Code, Number

Business Address \_\_\_\_\_

Number and Street City, State, Zip

**MOTHER/GUARDIAN**

Name \_\_\_\_\_  Mrs.  Miss  Dr.  Other \_\_\_\_\_

First, Middle, Last

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

Number and Street City, State, Zip

Home Telephone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Area Code, Number

Area Code, Number

E-Mail \_\_\_\_\_ Relation:  Mother  Guardian  Step-Mother  Grandmother  Other \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Church You Attend \_\_\_\_\_ Are you a member?  Yes  No

Church Address \_\_\_\_\_

Number and Street City, State, Zip

Church Telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Area Code, Number

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area Code, Number

Business Address \_\_\_\_\_

Number and Street City, State, Zip

**CHILDREN**

Names	Date of Birth	Date to be Entered	Grade Applied For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOW DID YOU BECOME ACQUAINTED WITH THE KING'S CHRISTIAN ACADEMY?**

**WHY DO YOU WANT YOUR CHILDREN TO ATTEND THE KING'S CHRISTIAN ACADEMY?**

**DO YOU HAVE A KCA AMBASSADOR?**

Not Sure  Yes, Name: \_\_\_\_\_ Last, First Phone: \_\_\_\_\_

**PATERNAL GRANDPARENT INFORMATION**Grandfather's Name \_\_\_\_\_  Mr.  Dr.  Rev  Other \_\_\_\_\_*First, Middle, Last*

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

*Number and Street City, State, Zip*

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Area Code, Number*Grandmother's Name \_\_\_\_\_  Mrs.  Ms.  Dr.  Other \_\_\_\_\_*First, Middle, Last*

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

*Number and Street City, State, Zip*

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Area Code, Number***MATERNAL GRANDPARENT INFORMATION**Grandfather's Name \_\_\_\_\_  Mr.  Dr.  Rev  Other \_\_\_\_\_*First, Middle, Last*

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

*Number and Street City, State, Zip*

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Area Code, Number*Grandmother's Name \_\_\_\_\_  Mrs.  Ms.  Dr.  Other \_\_\_\_\_*First, Middle, Last*

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

*Number and Street City, State, Zip*

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Area Code, Number*KCA will mail the school's newsletter, *The Eagle*, to these grandparents, and request their philanthropic support.**PARENT'S ACCEPTANCE PLEDGE**

1. I have read and want my child(ren) educated in agreement with the KCA Statement of Faith and in accordance with KCA's mission.
2. I will pray for my child(ren)'s teacher and for KCA, and I agree to cooperate fully with the KCA administration and faculty as they seek to make Christian education effective in the life of my child and lead my child(ren) to love and serve the Lord Jesus Christ all his/her/their life.
3. I agree to attend KCA parent meetings and to donate ten hours of my time as a volunteer to KCA.
4. I give KCA my permission to discipline my child(ren) in accordance with its discipline policy. I understand the KCA administrator may disenroll any child who does not abide by KCA policies or whose parent creates disharmony or brings discredit upon the school.
5. I grant permission for my child(ren) to be included in pictures connected with the school program, including our website.
6. I give KCA my permission to place my child in the grade the KCA administrator considers appropriate.
7. My children are free from communicable diseases, and I agree to report to the KCA Administrator if my child(ren) contracts a communicable disease before or during this school year.
8. My children have my permission to attend regularly scheduled school activities and field trips. I understand that permission forms will be required for each field trip.
9. I understand that it is my responsibility to make tuition, fees, and other payments on time in accordance with my financial agreement with the school.
10. By signing below, I grant permission for The King's Christian Academy to print our family name, address, phone number and email in the school directory.
11. I have received and read the Parent/Student Handbook for the 2010-2011 school year.
12. I understand that my signature below (both required) confirms that I have read and concur with this agreement.

\_\_\_\_\_  
Father's Signature\_\_\_\_\_  
Mother's Signature\_\_\_\_\_  
Guardian\_\_\_\_\_  
Guardian\_\_\_\_\_  
Date\_\_\_\_\_  
Date**FOR OFFICE USE ONLY**

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

Registration Fee Paid: \_\_\_\_\_

Application/Testing Fee Paid: \_\_\_\_\_