



JOSHUA CHRISTIAN ACADEMY

GRADE / UPPER SCHOOL RE-ENROLLMENT APPLICATION

"Home of the Achievers"

Name of Student _____ **Grade entering** _____

Date of Birth (month/day/year) _____ **Soc. Sec.** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Cell Phone Carrier** _____

Race/Ethnic _____ **Sex:** _____ male _____ female

Shirt Size _____ **Skirt Size** _____

Names of Parents and/or Guardian:

FATHER: _____ **Date of Birth** ____/____/____ **Soc. Sec.** _____

Address: _____

Home Phone _____ **Cell Phone** _____ **Carrier** _____

Email: _____

Employer: _____ **Employer's Address:** _____

Employer's Phone: _____ **Extension:** _____

MOTHER: _____ **Date of Birth** ____/____/____ **Soc. Sec. #** _____

Address: _____

Home Phone _____ **Cell Phone** _____ **Carrier** _____

Email: _____

Employer: _____ **Employer's Address:** _____

Employer's Phone: _____ **Extension:** _____

GUARDIAN: _____ **Date of Birth** ____/____/____ **Soc. Sec. #** _____

Address: _____

Home Phone _____ **Cell Phone** _____ **Carrier** _____

Email: _____

Employer: _____ **Employer's Address:** _____

Employer's Phone: _____ **Extension:** _____

Check one:

Child lives with: **Father:** ___ **Mother** ___ **Both** ___ **Other:** ___ **(Relationship)** _____

Check activities / services your child is currently participating / enrolled in:

Extended Day: __ Before __ After __ Before and After **Transportation:** __ Pick up __ Drop off
__ Pick up and Drop off __ **Tutoring**

Activities: __ Football __ Basketball __ Patrol __ Joshua Achievers

Please check services needed for the upcoming school year:

Extended Day: __ Before __ After __ Before and After **Transportation:** __ Pick up __ Drop off
__ Pick up and Drop off

In case of accident or illness and I can not be reached, who should be notified?
Names and addresses of emergency contacts:

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

Please indicate names of person(s) who is authorized to pick up my child from school. Please update this list if changes occur during the school year.

Names and addresses of **person(s) authorized to pickup child from Joshua Christian Academy:**

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone
4. _____
Name Address Phone

Signature of Parent: _____ **Date:** _____

For office use only: ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE	
<input type="checkbox"/> McKay Scholarship program	<i>Student accepted for Grade</i> _____
<input type="checkbox"/> HEROES Scholarship program	<i>Student accepted for Grade</i> _____
<input type="checkbox"/> Private Pay	<i>Student accepted for Grade</i> _____
<input type="checkbox"/> Opportunity Scholarship	<i>Student accepted for Grade</i> _____
Registration Amount Paid \$ _____ Date Paid: _____ Receipt # _____	
Books Paid \$ _____ Date Paid _____ Receipt # _____ Planner Paid \$ _____ Date Paid _____ Receipt # _____	
Satchel Paid \$ _____ Date Paid _____ Receipt # _____ Uniforms Paid \$ _____ Date Paid _____ Receipt # _____	
Transportation Paid \$ _____ Date Paid _____ Receipt # _____ Start Date ____/____/____	
Extended Day Paid \$ _____ Date Paid _____ Receipt # _____	