



**Bluegrass Christian Academy**  
**Extended School Day Enrollment**  
 School Year \_\_\_\_\_ - \_\_\_\_\_

| Name of Student | M/F | D.O.B. | Grade Entering |
|-----------------|-----|--------|----------------|
|                 |     |        |                |
|                 |     |        |                |
|                 |     |        |                |
|                 |     |        |                |

Parents' Names \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home email \_\_\_\_\_

**Parent Information**

**Father**

**Mother**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Name of persons authorized to take child: (other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any Allergies \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ The school has permission to call the above Physician.

Parent Signature \_\_\_\_\_

| PreSchool |   | Elementary/Middle School |                           |
|-----------|---|--------------------------|---------------------------|
|           | Morning only 7:30-8:00                        |                          | Morning only 7:30-8:00    |
|           | Morning and Afternoon 7:30-8:00, 12:00 – 5:30 |                          | Afternoon only 12:00-5:30 |
|           | Afternoon only 12:00 – 5:30                   |                          |                           |