



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	
<input type="checkbox"/>	Morning only 7:30-8:00	<input type="checkbox"/>	Morning only 7:30-8:00
<input type="checkbox"/>	Morning and Afternoon 7:30-8:00, 12:00 – 5:30	<input type="checkbox"/>	Afternoon only 12:00-5:30
<input type="checkbox"/>	Afternoon only 12:00 – 5:30	<input type="checkbox"/>	