

FOR OFFICE USE ONLY  
 Date Registration Received: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

# Calvary Baptist Church Academy Official Reregistration Form

FOR OFFICE USE ONLY  
 Reg. Fee Paid: \_\_\_\_\_  
 Bus Reg. Fee Paid: \_\_\_\_\_  
 Materials Fee Paid: \_\_\_\_\_  
 Cot Fee Paid: \_\_\_\_\_  
 Tuition Paid: \_\_\_\_\_  
 Total Paid: \_\_\_\_\_  
 Cash, Credit, or Check # \_\_\_\_\_  
 Date/Office Initials \_\_\_\_\_

"For the Word of God and the  
 testimony of Jesus Christ." Rev. 1:9

**Parent Information:** *(please list only the child's birth parents or legal guardians)*

Father: \_\_\_\_\_

Title	First	Last	Occupation	Email
Cell Phone		Work Phone		Home Phone

Mother: \_\_\_\_\_

Title	First	Last	Occupation	Email
Cell Phone		Work Phone		Home Phone

Birth Parent's Marital Status:    Married    Single (never married)    Separated    Divorced    Remarried    Widowed

Child(ren) Lives With:    Mother and Father    Mother    Father    Other: \_\_\_\_\_

Street Address	City	State	ZIP
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**Student Information:**

1. \_\_\_\_\_

Name of child: First, Middle, Last	Goes By	Date of Birth	Grade this Fall
Male/Female	Race(s)	Cell Phone	Email
Circle grades attended at CBCA:	K3   K4   K5	1   2   3   4   5   6   7   8   9   10   11	

2. \_\_\_\_\_

Name of child: First, Middle, Last	Goes By	Date of Birth	Grade this Fall
Male/Female	Race(s)	Cell Phone	Email
Circle grades attended at CBCA:	K3   K4   K5	1   2   3   4   5   6   7   8   9   10   11	

3. \_\_\_\_\_

Name of child: First, Middle, Last	Goes By	Date of Birth	Grade this Fall
Male/Female	Race(s)	Cell Phone	Email
Circle grades attended at CBCA:	K3   K4   K5	1   2   3   4   5   6   7   8   9   10   11	

4. \_\_\_\_\_

Name of child: First, Middle, Last	Goes By	Date of Birth	Grade this Fall
Male/Female	Race(s)	Cell Phone	Email
Circle grades attended at CBCA:	K3   K4   K5	1   2   3   4   5   6   7   8   9   10   11	

Check all that apply:

K3: <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> 40 Weeks <input type="checkbox"/> 50 Weeks	Request Bus: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both
K4: <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> 40 Weeks <input type="checkbox"/> 50 Weeks	Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both
K5: <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day	

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**Additional Information:**

Church now attending: \_\_\_\_\_

Doctor's Name &amp; Phone: \_\_\_\_\_

Med. Insurance Co: \_\_\_\_\_ Any physical difficulties for child(ren)?  Yes  No

If yes, list child(ren) and explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (other than parent) – Name &amp; Phone: \_\_\_\_\_

Other than parents, persons authorized to pick up child (include Emergency Contact):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other situations or circumstances that CBCA should be aware of so that we may more effectively take care of your child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Financial Information:**

Name, address, and phone number of individual responsible for paying tuition and fees: \_\_\_\_\_

\_\_\_\_\_

**Requested Discounts:**

- Full-time Pastor
- Full-time Missionary
- Active Military, Police, Firefighter
- CBCA Graduate (Circle One: Father/Mother) Graduation Year: \_\_\_\_\_
- CBCA Knighthood Graduate (Circle One: Father/Mother) Years Attended: \_\_\_\_\_ (K5) - \_\_\_\_\_ (12<sup>th</sup>)

*(Verification required for requested discounts).*

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**Bus Request:***(Complete if applicable)*Each year we evaluate our bus routes to determine if we will continue the present routes and/or add new ones. Therefore, we urge you to register and make bus requests as soon as possible as we may not be able to accommodate bus requests after July 31<sup>st</sup>.

Please note: these are all requests, but we will do our best to arrange bus transportation for everyone. The bus fee will remain the same whether the bus is used for one day or 30 days. The bus fee will not be pro-rated. For bus safety reasons, we will not be picking up children in cul-de-sacs or dead end streets; therefore, please list the closest main road.

Student Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Grade: \_\_\_\_\_\_\_\_\_\_  
Grade: \_\_\_\_\_\_\_\_\_\_  
Grade: \_\_\_\_\_Transportation requested:  Round Trip (Full Day Only)  One Way – A.M.  One Way – P.M.

Address: \_\_\_\_\_

Street

City

Closest main road(s): \_\_\_\_\_

Bus routes will be posted on the school website ([www.cbcknights.org](http://www.cbcknights.org)) approximately a week prior to the first day of school.  
If we are not able to accommodate you, we will notify you by email or phone.

**Educating students with eternity in view.**