

# Calvary Christian Academy

## Registration Form

### 2009-2010 School Year

Location: Calvary Baptist Church, 3332 Colby Avenue, Everett, Wa 98201  
425-259-1277 Fax: 425-258-0736 e-mail: calvarybaptistchurch@verizon.net  
Website: [www.cbceverett.org](http://www.cbceverett.org) Directors Jeanene & Melanie Lorey @425-205-9023  
Email directors: JeaneneLorey@msn.com

Child's Name: \_\_\_\_\_  
(Last) (Preferred Class First Name)

Parent(s)/Guardian Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M F SSN: \_\_\_\_\_  
(Month) (Day) (Year)

Child's Home Address: \_\_\_\_\_  
(Zip Code)

Child's Home Phone: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) Authorized to Pick Up Your Child (ID required) \_\_\_\_\_

Person(s) NOT Authorized to Pick Up Your Child \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_  
(Name) (Phone)

Relationship to Child \_\_\_\_\_

#### P A R E N T S ' I N F O R M A T I O N

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Signature(s) of Legal Guardian(s): \_\_\_\_\_

E-Mail of Legal Guardian(s): \_\_\_\_\_

Other Persons In the Home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

# Medical Information

Does your child have health problems that we should be aware of? \_\_\_\_\_

Are there any special medical, physical, behavioral or emotional needs that the staff should be aware of? Please provide detailed diagnosis or ongoing treatment information for any special needs. We will work with any child specialist if deemed helpful.

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Does your child take any regular medications? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_ Earaches? \_\_\_\_ Sore Throats? \_\_\_\_ Asthma? \_\_\_\_  
Stomach Aches? \_\_\_\_ Chronic Fatigue? \_\_\_\_ Other? \_\_\_\_\_

Does your child have any allergies (food, chemical, or pet)? \_\_\_\_\_

Are there any food or drinks that your child should NOT have? \_\_\_\_\_

**Please circle items below that describe your child:**

Happy	Aggressive	Friendly	Moody	Active	Shy/quiet
Dependent	Attentive	Good-natured	Even-tempered	Sympathetic	Creative
Sensitive	Musical	Highly verbal	Other _____		

## About your child...

Do you have any concerns about any aspect of your child's development? YES (Explain) NO

What are your child's favorite activities? \_\_\_\_\_

Has your child had group play experience? Explain. \_\_\_\_\_

Does your child have special fears? \_\_\_\_\_

What time does your child usually go to bed at night? \_\_\_\_\_

What does your child usually eat for breakfast? \_\_\_\_\_

How much television/video media does your child generally watch each day? \_\_\_\_\_

What is the method of behavior control used in your home with your child? \_\_\_\_\_

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**Additional information you feel will assist us in meeting the needs of your child:**

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**Please list 2 other local people who can be notified in an emergency in the event that you cannot be reached:**

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

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

Please provide, if possible, an **out-of-state** contact in case of a natural disaster:

