



876 Central Avenue, Dunkirk, NY 14048  
 (716) 366-6634  
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 www.dunkirkcca.org

Office Use:

___ Date Enrolled _____	___ Custodial Papers (if applicable)
___ Registration Fee \$ _____	___ Parent Agreement
___ Tuition \$ _____	___ Tuition Agreement
___ Check # _____	___ Immunization Record
___ Screening Scheduled \$ _____	___ Medication Release
___ Screening Date _____	___ Birth Certificate

# Registration Form 2021 - 2022

Please note: Registration fee is \$175 (\$150 if paid by May 14)

Student Last Name		First Name		Middle Name		Nickname	
Entering Grade (circle grade level desired)							
N3		PreK		K5		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>	
Age	Gender	Birthdate	Home Phone		Cell Phone		
Custodial Parent(s) or Legal Guardian(s)							
First and Last Name(s)					Relationship to Student		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> One Parent Deceased <input type="checkbox"/> Student Living With Parent, Step-Parent or Other							
If Divorced, Who Has Custody for Decision Making? <input type="checkbox"/> Joint <input type="checkbox"/> Father <input type="checkbox"/> Mother (Copy of Custodial Papers Required)							
Address			City	Zip	School District		
Email Address				Communication Preference <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail			
Non-Custodial Parent Name (If Applicable)		Address			Phone		
Father's Work Place			Father's Work Phone #		Father's Cell Phone #		
Mother's Work Place			Mother's Work Phone #		Mother's Cell Phone #		
Church Home			Pastor		Youth Pastor		
Frequency of Attendance <input type="checkbox"/> Weekly <input type="checkbox"/> Frequently <input type="checkbox"/> Infrequently				Member of First Baptist Church of Dunkirk <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ethnicity Code	NYS Reporting Codes: 1 – American Indian 2 – Black (Not Hispanic) 3 – Asian or Pacific Islander 4 – Hispanic 5 – White (Not Hispanic) 6 – Multi-Racial						
Central Christian Academy does not discriminate on the basis of race, color, sex, nationality or ethnic origin in its admission, education, financial or employment policies							
Other Children Attending CCA							
Name		Grade		Name		Grade	
Name		Grade		Name		Grade	

Emergency Contact Name #1		Emergency Phone #1	Relationship to Student	
Emergency Contact Name #2		Emergency Phone #2	Relationship to Student	
Doctor	Phone	Does Child Wear Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Tetanus Shot ____/____ (mm/yy)
Hospital Preference		Insurance Co. or Government Program		ID or Contract #
Medical Conditions	Prescription Medications		Allergies and/or Other Relevant & Appropriate Info	

### Parent's Agreement and Commitment

I, the undersigned parent(s)/guardian(s), do hereby state that I have read the school's purpose and objectives and am willing to abide by them for the training of my/our child(ren). I hereby agree to accept and support all regulations of the school on the applicant's behalf.

I agree to support the school's standard of conduct, discipline and dress code and will cooperate with the school to see that my child(ren) meet the standards of appearance and conduct as outlined in the Parent/Student Manual. I understand the standards of Central Christian Academy do not tolerate profanity/obscenity in word or action, dishonor to God, His Son Jesus Christ or the Word of God, or disrespect to the personnel of the school. I hereby agree to authorize this school to employ such discipline as it deems wise and expedient for my child in accordance with school policy. I understand that Central Christian Academy reserves the right to expel any child who fails to comply with the established regulations and discipline.

I agree to uphold and support the high academic standards of Central Christian Academy by providing a place at home for my child to study and give my child encouragement in the completion of homework and assignments.

I realize that a Christian school is not a substitute for the local church. Christian education is complete when the child receives instruction from the home, Christian school and a Bible teaching church. Therefore, I will do my best to regularly attend a local church. I also agree to pray for the ministry of the school, staff members, School Committee and fellow families as we join in partnership with Central Christian Academy in order to help me with my biblical responsibility to my child.

**MEDIA AGREEMENT:** I hereby give Central Christian Academy permission to use and/or copyright identifiable information about my child including photographs, video, digital images, name, athletic achievements, academic achievements and/or art works for publication, advertising or other lawful purposes including, but not limited to, publication on any CCA web page(s), understanding that this information may be published worldwide.

**MEDICAL RELEASE:** I hereby give Central Christian Academy, its administrators, teachers and/or any hospital personnel permission to do what they deem necessary for my child's well-being in the case of any emergency that might arise while he/she is at school or participating in any school related function.

I give permission for my child to take part in all school activities including sports and school sponsored trips away from the school premises and absolve the school and First Baptist Church from liability to me or my child because of any injury to my child at school or during any school activity. *In case of accident or serious illness, I request the school to contact me and authorize the school to provide necessary medical treatment including hospital emergency room and treatment by physician of choice.*

**TUITION AND FEES AGREEMENT:** I hereby pledge to pay my financial obligations to Central Christian Academy and agree to pay the tuition according to the policies of the school. If financial problems arise, I further understand that it is my responsibility to make special arrangements with the school.

I have read the terms stated on this form and agree to abide by them. (Please do not sign, but contact the school office, if you do not agree to abide with any portion of this form)

**BOTH Parent(s)/Guardian(s):**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

**Person Responsible for Tuition Payments:**  
*(if different from above)*

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code