

CHRISTIAN DAY CHILD ACADEMY
16075 Hawthorn Path Lakeville, MN 55044
952-431-2025
www.christiandayacademy.com

REGISTRATION FORM – 2024-2025 school year

To enroll, please give the registration form & fee to the director or mail to the school.

Please Print

Child's Name _____ Birth date _____ Male ____ Female ____
Month/Date/Year

Name to be used at school (if different) _____

Home Address _____
Street City Zip

Father's Name _____ Employed at _____

Cell Phone # _____ Business Phone # _____

Mother's Name _____ Employed at _____

Cell Phone # _____ Business Phone # _____

E-mail address: _____

Parent Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If one parent home, child lives with: Mother _____ Father _____

Other children in the household (name & age) _____

Other adults regularly in the household (name & relationship) _____

Church Affiliation (optional): _____

Has your child had any previous preschool experience?

_____ At Christian Day _____ Other Preschool _____ No Experience

- 3 Year Old Class: Children must be 3 by October 1, 2024.
(Children enrolling in the 3-year old program are expected to be toilet trained.)

Two-day session – Tuesday and Thursday (9:15-11:45 a.m.) _____ \$185.00 (per month)

- Pre-K 4 Class: Children must be 4 by October 1, 2024.

Two- day session – Tuesday and Thursday (9:15 – 11:45 a.m.) _____ \$185.00 (per month)

Three-day session – Monday, Wednesday, Friday (9:15-11:45 a.m.) _____ \$240.00 (per month)

- Pre-K 5 Class: Children must be 5 by December 31, 2024.

Three-day session – Monday, Wednesday, Friday (9:15 – 11:45 a.m.) _____ \$240.00 (per month)

A non-refundable registration fee must accompany this form. If the registration is submitted by May 31, 2024 the fee is \$65 per family. For registrations submitted after May 31, 2024 the fee is \$75 per family.

(Please fill out back page)

Class List Authorization

Parents: Please fill out the information that you would like included on a list given to parents of children in your child's class. Thank you!

Parent's Name(s) _____ Child's Name _____

Address _____

Telephone Number _____ Cell Phone Number _____ Email Address _____

Parent's Signature

Guardian's Signature

Date

I/we understand the mission statement of CDCA - To glorify God by nurturing the spiritual growth and academic development of children with Biblical truth in a Christ-centered environment. The curriculum of CDCA is in accordance with the teachings of the Holy Bible as evidenced by our faith statement which is on our website and is available in print upon request. I/we have read and understand the information that is in the CDCA Parent Handbook which is on the website (www.christiandayacademy.com) or available in a print copy.

Parent's Signature

Guardian's Signature

Date

The following forms must be on file at school in order for your child to begin school:

1. **A Health Care Summary signed by your child's doctor**
2. **Immunization Record**
3. **Emergency Information Form**
4. **Admission Conference Form & General Permission Form**
5. **Allergy form signed by your child's doctor (for students with allergies).**

*Christian Day Child Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs and any school administered programs.

FOR OFFICE USE ONLY
Class: _____
Date Paid: _____
Amount Paid: _____
Check Number: _____