



1. Occupational work: Father \_\_\_\_\_ Mother \_\_\_\_\_

2. Are there any other adults, other than parents, living in the home? \_\_\_\_\_

Names & relationship to child

3. Name and ages of other children in the family \_\_\_\_\_

Name	Age
_____	_____
_____	_____

4. Race / Ethnicity Racial Composition (required for IRS nondiscrimination tax exemption.)

- Hispanic                       Black
- White                             Native American
- Asian or Pacific Islander

5. I am aware of and have read the Parent Handbook (on the website – paper copy available on request.).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

6. The curriculum of CDCA is in accordance with the teachings of the Holy Bible as evidenced by our mission and faith statements. I/we understand, support and agree with the mission and faith statements of CDCA. Our mission statement is “To glorify God by nurturing the spiritual growth and academic development of children with Biblical truth in a Christ-centered environment.” Our faith statement is available on our website and in the parent handbook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Illness Authorizations**

Name and telephone number of people authorized and available to come to the center for your child in case of illness (**other than parents – if parents cannot be reached**). **For licensing we must have two people listed.**

Name	Telephone #	Cell Phone #
_____	_____ / _____	_____
_____	_____ / _____	_____

**Not Authorized:**

Is there a parent who is not authorized to pick up the child from school? \_\_\_\_\_

Name of person \_\_\_\_\_

**(Please talk with the director before the start of school.)**

**Car Pool**

Who brings the child to school \_\_\_\_\_

Who usually picks up the child from school \_\_\_\_\_

**If your child is in a car pool, please list names and phone numbers of all authorized parent drivers and children in car pool:**

Parents	Children	Telephone Number
_____	_____	_____
_____	_____	_____

**Other Authorized Persons**

List names and telephone number of neighbors, friends, relatives or daycare providers who may pick up your child from school. Please attach a list if needed.

**Reminder: Parents are required to inform the school prior to child's pickup. If the person is unfamiliar to the teachers, we will ask to see picture ID.**

Name	Telephone #	Cell Phone #
_____	_____ / _____	_____
_____	_____ / _____	_____

**Photography/Video Authorizations**

I give permission to Christian Day Child Academy to photograph my student and use the photographs in class projects that would be given to enrolled families/ record programs (video) to email/text to parents.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes		No		Parent Signature	Date

I give permission to Christian Day Child Academy to include photographs of my child on the school website and for school promotional purposes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes		No		Parent Signature	Date

**\*\*\*\*\*Please sign and date below.**

\_\_\_\_\_  
Parent Signature Date