



CHRIST CLASSICAL ACADEMY *of* CHARLOTTE

Afterschool Registration Form

Please return the form with a \$100 registration fee.

STUDENT INFORMATION

Child's Name: _____ Age: _____

Child's Address: _____ Male ___ Female ___

PARENT/GUARDIAN INFORMATION

1. Name: _____ Cell Phone: _____

Address: _____

Email: _____ Employer: _____

Work Phone: _____

2. Name: _____ Cell Phone: _____

Address: _____

Email: _____ Employer: _____

Work Phone: _____

PERSONS (16+) AUTHORIZED TO PICK UP CHILD

1.Name: _____ Phone: _____

2.Name: _____ Phone: _____

3.Name: _____ Phone: _____

ESTIMATED TIME OF PICKUP: _____

List any allergies, restrictions, special needs, medication or N/A for not applicable.

EMERGENCY CARE INFORMATION

Child's Doctor's Name: _____ Phone: _____

Hospital Preference: _____

If parent/guardian cannot be reached call: Name: _____

Phone: _____ Relationship _____

I give permission for the After-School Director or personnel designated for the responsibility to give immediate medical treatment if the parent cannot be reached. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician and persons listed for emergency contact.

Parent/Guardian Signature: _____ Date: _____