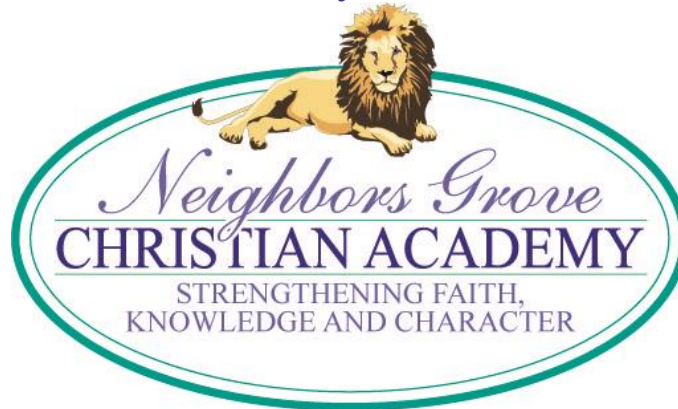


Neighbors Grove Christian Academy
1928 North Fayetteville Street



1928 N. Fayetteville St.
Asheboro, NC 27203
336-672-1147
ngcaoffice@centurylink.net
www.neighborsgrove.com

Summer Program Registration

Applying For: Full Time _____ Part Time _____

If Part Time, which days of the week (minimum of 3)? _____

I. STUDENT INFORMATION

Student's full name: _____
Last First Middle Preferred

Completed grade: _____ Date of birth: _____ Gender: Male _____ Female _____

Parents Names: _____ / _____
Mother Father

Address: _____

_____ City State Zip
Telephone: (home) _____

E-mail Address: _____ / _____
Mother Father

It is the parent/guardian's responsibility to update the school with student and family information changes as they occur during the summer.

II. PARENT/GUARDIAN INFORMATION

Father

Name _____

Occupation _____

Employer _____

Business Phone _____

Cell Phone _____

Mother

Name _____

Occupation _____

Employer _____

Business Phone _____

Cell Phone _____

Who has legal custody of the child? _____

******It is the parent/guardian's responsibility to notify the school of any changes in custody and provide documentation while the child is enrolled at Neighbors Grove Christian Academy Summer Program.

If applicant lives with someone else other than parents, please state: _____

III. EMERGENCY CONTACTS

List several Emergency Contacts if parents or guardians are unavailable in an emergency.

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

IV. Authorized to pick up your child - Those persons listed above as Emergency Contacts will also be authorized to pick up your child unless otherwise noted.

Medical Information

Allergies _____

Doctor preference: _____ Phone _____

Hospital preference: _____ Phone _____

List all regular medication taken: _____

Health Insurance: _____

Provider

ID #

By signing this form, I agree that the Administrator, teacher, or person in charge, may authorize the physician of his/her choice to provide emergency care for my child in the event that neither the preferred physician nor I can be contacted immediately. I also understand that my family medical insurance coverage is the primary insurance for my child. The Neighbors Grove Christian Academy Insurance is secondary insurance coverage.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date