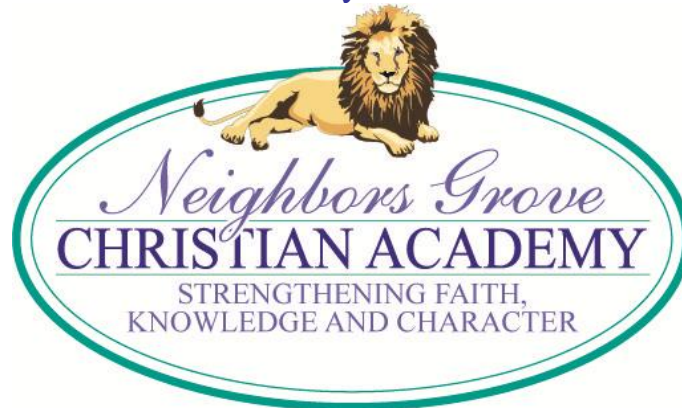


# Neighbors Grove Christian Academy

1928 North Fayetteville Street



1928 N. Fayetteville St.

Asheboro, NC 27203

336-672-1147

[ngcaoffice@centurylink.net](mailto:ngcaoffice@centurylink.net)

[www.neighborsgrove.com](http://www.neighborsgrove.com)

## Summer Program Registration

### 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.

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**II. PARENT/GUARDIAN INFORMATION**

**Father**

**Mother**

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell 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*