



### PRE-REGISTRATION FORM

(Please print and use a separate form for each child)

Date of Registration: \_\_\_\_\_

School Year \_\_\_\_\_ to School Year: \_\_\_\_\_ Grade Entering \_\_\_\_\_

I hereby apply for enrollment of my child to Overcomers Christian Academy.

#### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Mother's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### RELIGIOUS AND OTHER INFORMATION

Are you a member of a church or have a religious affiliation?

If yes, please give your Church's and Pastor's Name, City, and State:

Will your child have a sibling enrolled? \_\_\_\_\_ If yes, give sibling(s) first name and age: \_\_\_\_\_

Will your child need care before school, after school or both? \_\_\_\_\_ If yes, please indicate which one. \_\_\_\_\_

#### IMPORTANT NOTE:

**ENROLLMENT:** Prior to your child's attendance at OCA, all enrollment information must be completed, signed and returned to the school office along with your child's non-refundable enrollment fee of \$100.00.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_