



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 _____