

# The Christian Academy of Winter Haven, Inc.

P.O. Box 3515, Winter Haven, FL 33885



Elder Curtis White, Superintendent  
Elder Larry Hart, Administrator

"We Walk By Faith...Not By Sight."

Sister Patricia Kilpatrick, Principal  
Sister Inez Brunson, Asst. Principal

## REGISTRATION FORM K - 12

<input type="checkbox"/> <b>New Enrollment</b>		<input type="checkbox"/> <b>Re-enrollment</b>		<b>School Year: 20__ - 20__</b>		<b>Grade to Enter: ____</b>	
Student's Name: Last:				First:		Middle:	
Street:				City:		Zip:	
Phone:		Birth Date: / /		Student's Race:			
School attended last year:		Address:		Emergency Information List contact if parent cannot be reached			
Circle grades previously attended at this school: K5 1 2 3 4 5 6 7 8 9 10 11						Name:	
Father's Name:		Phone:	Employer:		Phone:		
Email:		Ph#		Child's Physician's Name:			
Mother's Name:		Phone:	Employer:		Phone:		
Email:		Ph#		Additional Contact:			
List the parent/guardian with whom the student lives:				Church now attending:			
Reason for selection of this school:				Attending Bible School?			
School recommended by:				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Principal's Signature:				Date:			

### Statement of Cooperation

In making application for my child, it is my desire to have him/her complete the school year \_\_\_\_\_. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I give permission for my child to be photographed for the purpose of the Christian Academy of Winter Haven, Inc. website, publications, school newspaper, and social media platforms. I will be supportive of the school and respect its policies. I will attend Parent/Teacher meetings (PTM) as scheduled. If I am unable to attend for any reason beyond my control, I will inform the school whenever my telephone # or address changes.

**Parent Signature:**

**Date:**

**Please complete the back of this Registration Form**