

___ FINANCIAL APPL Ck# _____ Date received: _____	___ ENROLLMENT FEE Cash: _____ Start Date: _____	___ BUS Amount _____	Office Use Only
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**PARENT / GUARDIAN INFORMATION**

**Please complete all information**

Please list relationship to student.	Last Name	First	Cell Phone	Work Phone	Guardian	SS#
1.					<input type="checkbox"/> Y <input type="checkbox"/> N	
2.					<input type="checkbox"/> Y <input type="checkbox"/> N	
3.					<input type="checkbox"/> Y <input type="checkbox"/> N	
4.					<input type="checkbox"/> Y <input type="checkbox"/> N	

**Person responsible for payment:**

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Emergency contact:  
 Emergency Contact Phone Number:

	Address	City	State, Zip	Home #
<b>Guardian Family Address:</b>				
<b>Alternate Parent Address:</b>				
<b>E-mail Address:</b>				

Information for the children enrolling	First	1.	2.	3.	4.
	M.I.				
	Last				
Name child responds to:					
Grade to enter for 06-07					
New or Returning Student		<input type="checkbox"/> N <input type="checkbox"/> R	<input type="checkbox"/> N <input type="checkbox"/> R	<input type="checkbox"/> N <input type="checkbox"/> R	<input type="checkbox"/> N <input type="checkbox"/> R
Gender		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Race **					
Age					
Birthdate (month, day & year)					
K3 & K4 check if 1/2 day					

**\*\*Race:**

1. American Indian or Alaskan Native	4. Hispanic
2. Black, not of Hispanic origin	5. White, not of Hispanic origin
3. Asian or Pacific Islander	*This information is required by State of Delaware

**Current School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

- The following applicants have repeated grades (name and grade repeated)\_\_\_\_\_
- Have any of the applicants been in serious disciplinary difficulty, suspension, probation, police record, expulsion?  
 Yes             No            If yes, please explain \_\_\_\_\_
- Statement of Personal Christian Experience and Faith: (From at least one parent)

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- Who referred you to NCCA?
- State in detail why you wish your child to attend NCCA.

- Parents are expected to support the school and its policies. Students are expected to willingly yield themselves to the authority and instruction of NCCA staff. Continuance in the school will depend in large measure upon these factors.
- Do you currently owe any outstanding debts to any other Christian school?  
\_\_\_ yes            \_\_\_no