



**CHRISTIAN DAY CHILD ACADEMY**  
 5075 Hawthorn Path Lakeville, MN 55044  
 952-431-2025 CDCA@mnvalley.org  
[www.christiandayacademy.com](http://www.christiandayacademy.com)

Member of Association of Christian Schools International

**REGISTRATION FORM – 2021-2022 school year**

**To enroll, please put the registration form & fee in the school drop box during school or mail to the school. Parents will receive enrollment confirmation information.**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Month/Date/Year

Name to be used at school (if different) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Home Telephone

Father's Name \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If one parent home, child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_

Other children in the household (name & age) \_\_\_\_\_

Other adults regularly in the household (name & relationship) \_\_\_\_\_

Church Affiliation (optional): \_\_\_\_\_

Has your child had any previous preschool experience?

\_\_\_\_\_ At Christian Day \_\_\_\_\_ Other Preschool \_\_\_\_\_ No Experience

- 3 Year Old Class: Children must be 3 by October 1, 2021.  
 (Children enrolling in the 3-year old program are expected to be toilet trained.)

Two-day session – Tuesday and Thursday (9:15-11:45 a.m.) \_\_\_\_\_ \$160.00 (per month)

- Pre-K 4 Class: Children must be 4 by October 1, 2021.

Two- day session – Tuesday and Thursday (9:15 – 11:45 a.m.) \_\_\_\_\_ \$160.00 (per month)

Three-day session – Monday, Wednesday, Friday (9:15-11:45 a.m.) \_\_\_\_\_ \$210.00 (per month)

- Pre-K 5 Class: Children must be 5 by December 31, 2021.

Three-day session – Monday, Wednesday, Friday (9:15 – 11:45 a.m.) \_\_\_\_\_ \$210.00 (per month)

A non-refundable registration fee must accompany this form. If the registration is submitted by May 31, 2021 the fee is \$60 per family. For registrations submitted after May 31, 2021 the fee is \$75 per family.

**Please fill out the back page. Thank you!**

**Class List Authorization**

**Parents: Please fill out the information that you would like included on a list given to parents of children in your child's class. Thank you!**

Parent's Name(s) \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

**I/we understand the mission statement of CDCA - To glorify God by nurturing the spiritual growth and academic development of children with Biblical truth in a Christ-centered environment. The curriculum of CDCA is in accordance with the teachings of the Holy Bible as evidenced by our faith statement which is on our website and is available in print upon request. I/we have read and understand the information that is in the CDCA Parent Handbook which is on our website ([www.christiandayacademy.com](http://www.christiandayacademy.com)) or available in a print copy.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

**The following forms must be on file at school in order for your child to begin school:**

1. A Health Care Summary signed by your child's doctor
2. Immunization Record
3. Emergency Information Form
4. Admission Conference Form
5. Individualized Allergy Plan (for students with allergies) – signed by your child's doctor.

\*Christian Day Child Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs and any school administered programs.

FOR OFFICE USE ONLY

Class: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_