

**CHRISTIAN CREATIVE LEARNING ACADEMY REGISTRATION APPLICATION**

Student's Name: \_\_\_\_\_ Nickname (if any \_\_\_\_\_)

Applying for \_\_\_\_\_ grade

Last grade completed: \_\_\_\_\_ Circle one of the following: passed retained

Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

City/zip: \_\_\_\_\_ City/zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address where student resides:

\_\_\_\_\_

If child is not living with his/her natural mother and/or father, please explain the home conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other children living with the family:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last school attended: (include address)

\_\_\_\_\_  
\_\_\_\_\_

Name of Public School District (i.e. Cajon Valley, La Mesa/Spring Valley, Lakeside, etc) in which you currently reside: \_\_\_\_\_

What are the student's extra-curricular activities? (sports, scouts, music, dance, hobbies, interests)

\_\_\_\_\_

Does the student have any physical limitations or handicaps? Yes No

If yes, explain:

\_\_\_\_\_

Does the student have any learning difficulties in school? Yes No

If yes, explain:

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Has the student had any psychiatric or psychological counseling? Yes No

If yes, explain:

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Has the student experienced any physical, emotional, mental or disciplinary problems? Yes No

If yes, explain:

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Name of Church: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date: \_\_\_\_\_