

Returning Student Application 2025-2026

Student's Name: _____ Student's Birthdate: _____

Name student is known by: _____

Student's home address: _____

Type of placement Requested: (check all that apply) **NO PART TIME CARE OFFERED**

____ Full Day Care (Infants-Preschool 3)

____ Elem Holiday Care 2025-2026

____ Elm Before & After Care 2025-2026

____ Elm Summer Camp 2026

Mother's Name: _____ Mother's Phone Number: _____

Mother's E-mail Address *Required* _____

Mother's Home Address: _____

Father's Name: _____ Father's Phone Number: _____

Father's E-mail Address *Required* _____

Father's Home Address: _____

Marital Status: ____ Couple/Married ____ Single ____ Seperated ____ Widowed ____ Divorced Custodial

Legal Guardian(s) or Stepparent(s) Name: _____

Phone Number: _____ EmailAddress: _____

Home Address: _____

Insurance provider and policy

Number: _____

Re-registration Students: Has the student had any changes in the medical information? _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in Awaken Christian Academy Daycare (ACA DAYCARE) 2025-2026, and I fully agree to the rules and regulations of ACA Daycare, a ministry of Awaken Church. I, the parent or guardian of the above-named child hereby release Awaken Church from all responsibilities from injuries of any nature incurred while participating in ACA Daycare. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

I READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE IN ADDITION TO THE ACA DAYCARE PARENT HANDBOOK.

Parent(s)/Guardian(s) signature: _____

Date: _____