



CHILD APPLICATION FORM
New Kent Christian Academy
A Ministry of New Kent Christian Center

2700 Pocahontas Trail, Suite 11, Quinton, Virginia 23141
804.557.2486 • nkca@newkentcc.com

Child's Full Name: _____
(First) (Middle) (Last)

Child's Nickname: _____ Age: _____ Birthday: _____ Sex: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

Father/Legal Guardian : _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Work: _____ Cell: _____
Place of Employment: _____

Mother/Legal Guardian : _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Work: _____ Cell: _____
Place of Employment: _____

Previous and Current Daycare's/Childcare Centers:

Any Medical information we need to be aware of:

How did you hear about us: _____

Do you attend church currently? Yes No
If yes, where do you attend? _____

Parent/Guardian: _____ Date: _____

School Director: _____

OFFICE USE ONLY:

Date Received : _____ Classroom: _____

Parent Notified of Opening: _____ Enrolled : _____

NOTES: