

CHILD REGISTRATION FORM



New Kent Christian Academy
A Ministry of New Kent Christian Center

2700 Pocahontas Trail, Suite 11, Quinton, Virginia 23141
2587 New Kent Hwy, Quinton, Virginia 23141
804.557.2486 • info@newkentca.com

Child's Full Name: [Redacted]
(First) (Middle) (Last)

Child's Nickname: [Redacted] Age: [Redacted] Birthday: [Redacted] Sex: [Redacted]

Street Address: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

What School District is your family is zoned to attend: (Please Highlight 1)

- Quinton Elementary
George Watkins Elementary
New Kent Elementary School
Not Listed

What School do you anticipate enrolling into for Elementary School Education: (Please Highlight 1)

- Quinton Elementary School
George Watkins Elementary School
Have not decided
New Kent Elementary School
New Kent Christian School

Father/Legal Guardian : [Redacted]

Street Address: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Email: [Redacted] Cell Phone: [Redacted]

Place of Employment: [Redacted] Work: [Redacted]

Mother/Legal Guardian : [Redacted]

Street Address: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Email: [Redacted] Cell Phone: [Redacted]

Place of Employment: [Redacted] Work: [Redacted]

Has your child attended Preschool or a Before/After School Program/Facility?

If so, please list facility(ies) attended:

[Redacted]
[Redacted]
[Redacted]

Parent/Guardian: [Redacted] Date: [Redacted]

School Director: [Redacted] Date: [Redacted]