EXPRESS INTEREST FORM



New Kent Christian Academy A Ministry of Proverbs 226 Ministries Inc.

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:			
(First)	(M	iddle)	(Last)
Child's Nickname:	Age:	Birthday:	Sex:
Street Address:			
City:	State:	Zip Code:	
What School District is your family			
	George Watkins Elementary		
New Kent Elementary School	Not List	ed	
What School do you anticipate enro	olling into for Elem	entary School Educ	ation: (Please Highlight 1)
Quinton Elementary School	George Watkins	s Elementary Schoo	lHave not decided
New Kent Elementary School	New Kent Chris	tian School	
Father/Legal Guardian :			
Street Address:			
City:			
Email:			
Place of Employment:		V	Vork:
Mother/Legal Guardian:			
Street Address:			
City:			
Email:			
Place of Employment:			
Has your child attended Preschool of If so, please list facility(ies) attended	or a Before/After Sch		
Parent/Guardian:			Date:
School Director:			Date: