



Ambassador Christian Academy Daycare Registration Summer Session

809 West Ridge Road Gary, IN 46408 Tel: 219-246-5426 Fax: 219-980-7092

Registration Form 2021

Student Age _____

Morning drop off time _____

Date of Birth _____

Evening pick up time _____

Student Information

Student's Full Name _____
Last First Middle Nickname

Current Address _____
Number & Street City & State Zip Code

Family Information

Mother's Full Name _____	Father's Full Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____

Name of Legal Guardian, if other than parent _____ Phone _____

Address of Legal Guardian _____
Number & Street City & State Zip Code

Notify in Case of Emergency

Name _____ Relationship to Student _____

Address _____ Phone _____
Number & Street City & State Zip Code

Permission to Pick-up

Name _____	Age _____	Phone _____	Relationship _____
Name _____	Age _____	Phone _____	Relationship _____
Name _____	Age _____	Phone _____	Relationship _____
Name _____	Age _____	Phone _____	Relationship _____
Name _____	Age _____	Phone _____	Relationship _____

"We Don't Just Teach Academics, We Teach Life"