



# Ambassador Christian Academy Daycare Registration Summer Session

900 West Ridge Road Gary, IN 46408 Tel: 219-887-4473 Fax: 219-887-1749

## Registration Form 2020

Student Age \_\_\_\_\_

Morning drop off time \_\_\_\_\_

Date of Birth \_\_\_\_\_

Evening pick up time \_\_\_\_\_

**DUE TO THE PANDEMIC, OUR HOURS FOR THIS SUMMER ARE 7:00 A.M. TO 5:00 P.M.**

### Student Information

Student's Full Name \_\_\_\_\_  
Last First Middle Nickname

Current Address \_\_\_\_\_  
Number & Street City & State Zip Code

### Family Information

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home 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 \_\_\_\_\_  
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**"We Don't Just Teach Academics, We Teach Life"**