



CHILDREN'S VILLAGE ACADEMY

701 N. ADKIN ST.

KINSTON, NC 28501

PHONE: 252.939.1958 (K-5)

FAX: 252.939.1242

PHONE: 252.520.4536 (6-8)

FAX: 252.520.4542



SECTION I-BASIC INFORMATION

Date: _____ Grade: _____ School Year: _____

Student's Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/_____ (ex. 02/15/2006) Age: _____

Place of Birth: _____ Home Telephone: _____

Correspondence should be addressed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____



Mother/Guardian's Name: _____ Home Phone: _____

Address: _____

City, State, Zip _____

Employed: _____ Work Phone: _____

Father/Guardian's Name: _____ Home Phone: _____

Address: _____

City, State, Zip _____

Employed: _____ Work Phone: _____



CHILDREN'S VILLAGE ACADEMY

701 N. ADKIN ST.

KINSTON, NC 28501

PHONE: 252.939.1958 (K-5) FAX: 252.939.1242

PHONE: 252.520.4536 (6-8) FAX: 252.520.4542

SECTION II-EDUCATION

How did you learn about Children's Village Academy?

Student's present school: _____

Enrolled since _____ Grades attended: _____ to _____

School Address: _____

School office phone: _____ Teacher/Principal _____

SECTION III-HEALTH

Describe the student's general health?

Does he/she have any physical handicaps or allergies which would limit his/her participation in a full range of school activities?

Has the student ever suffered any serious injury or illness?:

Is the child under the care of a physician, psychiatrist, or psychologist? If so, describe briefly.

Check any conditions that may apply:

Asthma _____ Diabetes _____ Heart Problems _____ Seizures _____ Other _____

Is your child on any medication? _____ Name of Medication: _____

CHILDREN'S VILLAGE ACADEMY

701 N. ADKIN ST.

KINSTON, NC 28501

PHONE: 252.939.1958 (K-5) FAX: 252.939.1242

PHONE: 252.520.4536 (6-8) FAX: 252.520.4542

SECTION IV-EMERGENCY CONTACT

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

IF NEITHER PARENT/GUARDIAN IS ABLE TO BE REACHED, LIST OTHER PERSONS TO BE CONTACTED TO PICK UP YOUR CHILD:

1. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____

1. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____