New Deliverance Christian Academy 1701 Turner Road North Chesterfield, VA 23225

Continuing Student Re-Enrollment

Please check one:		Fall 2020-2021 Summer 2020			No No	
Please check one:			K4 3 rd			
Child's Name:			Last			MI
Birth Date:	Age as	of Septe	ember 3	0, 2020	:	_Sex:
Parents/Guardian Info	ormation					
Father's Name: Do you have a new addi	ress/phone n	umber?		If yes,		
Phone 1:						
Email address:						
Mother's Name: Do you have a new add	ress/phone n				-	-
Address: Phone 1:						
Email address:						
Student's Emergency 1	Information	1				
Child's Physician:						
Please provide the information					ent/ gua	ardian cannot be reached
1. Name: Address: Phone 1:						
Person(s) authorized to pick	up your child.					

Phone: 804-276-4433 Fax: 804-276-4375

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Person(s) NOT authorized to pick up child.							
Any allergy changes:	Yes	No					
If yes, please list all allergi	es:						
Please notate any pertinent	information tha	t has changed sir	ce last year:				

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