

PHILADELPHIA CHRISTIAN CENTER ACADEMY
2990 Street Road, Bensalem, PA 19020
www.pccacademy.org 215-639-7000

_____ Re-Enrollment _____ New Enrollment _____ Grade Entering

Date _____/_____/_____

Male Female

Child's Full Name: _____ **Date of Birth** _____

Address: _____ **Home Phone #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security #: _____ **Attending Church:** _____

Father's Name: _____

Father's Address (if different from above): _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Occupation: _____ **Company:** _____

Mother's Name: _____

Mother's Address (if different from above): _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Occupation: _____ **Company:** _____

Marital Status: Married Separated Divorced Widowed

Student Resides With: Both Parents Mother Father Other

Emergency Contact:

Name	Relationship	Phone Number
_____	_____	_____

Will you need to enroll your child in the extended day program? Yes _____ No _____

Medical Care Provider: _____ **Phone Number:** _____

Explain any mental, physical, or health conditions that might affect you child's physical activity, educational progress, or social development: _____

Mother's Signature Date

Father's Signature Date