For office use	only.
Payment/date	received:

## **Central Baptist Christian Academy**

1606 State Rte. 12 Binghamton, NY 13901 607-648-6210 or Fax 607-648-7652

E-mail: <a href="mailto:cbca@centraladvatage.org">cbca@centraladvatage.org</a>

## Registration Form 2023-2024

## **Registration Fees**

Prior to April 21......\$200/student
April 24 to June 9......\$240/student
After June 9......\$290/student
All NEW families \$200 per student
APRIL-SEPTEMBER

STUDENT NAME:			
(Please use a s	separate form for each stude	nt you are registering.)	
Date of Birth:	Grade Entering:		
School District where you live:			
Allergies:			
HOME INFORMATION:			
Parents' Names:			
Home Street Address:			
		Zip Code:	
Phone:	Cell Phon	Cell Phone:	
E-Mail:			
CHURCH INFORMATION:			
Pastor:	Church:		
Street:	City:		
State:Zip Code: _	Phone Number:		
IN CASE OF EMERGENCY:			
Father's Employment		Phone:	
Mother's Employment		Phone:	
Relative:	Phone:		
Other:	Phone:		
FINANCIAL INFORMATION:			
		an online tuition payment company. A link site. There are several payment options	
We will pay in full by Septe	ember 1 <sup>st</sup> and receive the 2%	discount.	

If someone other than the pabelow:	arents is financially responsible	e for this student's education, please identify	
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:	Relationship:		
Signature:	Date:		
PRE-KINDERGARTEN I	NFORMATION		
THIS IS A 3 DAY PROGI	RAM- TUESDAY,WEDNESI	DAY AND THURSDAY	
CONTRACT:			
• • •		e enrolled at Central Baptist Christian in honoring my financial obligations to the	
Father's Signature:		Date	
Mother's Signature:		Date:	
Registration Checklist:			
Form completed as	nd signed		
Registration fee en	closed		
Immunization reco	ord for all new students and any	updated information for returning students.	
A copy of birth cer	rtificate submitted for all new s	students	
For all transferring	students and those entering Pl	<b>K, K5, 1,3,5,7,9,11</b> a physical exam is required	