



Vandalia Christian Academy

A Ministry of Unity Baptist Church

Guarding Hearts Challenging Minds Building Character

201 S. 6th St.

Vandalia, IL 62471

Phone: 618-283-9901 Fax: 618-283-0676

Enrollment Form

Student's Full Name: _____

Date of Birth: _____ Grade Entering: _____

Street Address: _____

City, State, Zip Code: _____

Child lives with: Both Parents Mother Father Other

Father's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Occupation: _____ Employer: _____

Location: _____ Work Phone: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Occupation: _____ Employer: _____

Location: _____ Work Phone: _____



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Names and ages of siblings not attending Vandalia Christian Academy:

Name of Church Attending: _____

Pastor's Name: _____

Church Attendance: ___ Regular ___ Occasional ___ Rare ___ Never

Name of School Last Attended: _____

Reason for Leaving School: _____

Please check and explain if the student has had problems in school with any of the following:

___ Discipline ___ Social Adjustment ___ Academics ___ Other



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Emergency Information

Student's Full Name: _____

Date of Birth: _____

Mother's Name: _____ Father's Name: _____

In case of emergency, after trying parents' home phone, cell phone, and work phone as provided on the enrollment form contact the following people:

Phone Numbers (home and cell)	Name	Relationship to Child
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1 st	_____	_____
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2 nd	_____	_____
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Doctor's Name: _____ Phone Number: _____

Hospital Preference: _____

List prescription medications child is currently taking: _____

List known allergies: _____

Known medical problems (heart condition, epilepsy, diabetes, etc.): _____

In the event of an emergency, if no one can be reached at these phone numbers, I give VCA permission to obtain emergency medical help. This may include, but is not limited to, calling an ambulance and transporting my child to the nearest emergency room facility.

Parent signature: _____ Date: _____