

Ocean View Christian Academy Before/After Care Registration

9504 Selby Place Norfolk VA 23503 ~ Phone 757-583-1808 FAX 757-583-5706

www.ovcademy.com

Enroll my child in _____ Before Care _____ After Care or _____ Both

Student Name: _____

Address: _____

Phone: _____ E-Mail: _____

Grade: _____ Birth date: _____

Father/Guardian name: _____

Work phone: _____ Cell Phone: _____

Mother/Guardian: _____

Work Phone: _____ Cell phone: _____

Please list family, friends, etc. that you authorize to drop-off or pick-up your child.

_____	_____
Name	Phone

_____	_____
Name	Phone

Allergies: _____

Medications being taken: _____

Health Insurance Carrier: _____

Policy #: _____ Group #: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Preferred Walk – In Facility: _____