



Grandview Heights Christian Academy

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APPLICATION FOR ENROLLMENT

Child's Name (legal) _____ **M** () **F** () **Birthday:** _____

Address _____ **Phone** _____

School District _____ **Social Security #** _____

Father/Guardian's Name _____ **Occupation** _____

Employer _____ **Business Phone** _____

Living With Child () **YES** () **NO** **Deceased** _____ **Divorced** _____ **Separated** _____

Can father be reached in case of emergency? _____ **Where?** _____

Church Affiliation: _____

Mother/Guardian's Name _____ **Occupation** _____

Employer _____ **Business Phone** _____

Living With Child () **YES** () **NO** **Deceased** _____ **Divorced** _____ **Separated** _____

Can mother be reached in case of emergency? _____ **Where?** _____

Church Affiliation: _____

Brothers	Age	Grade	Sisters	Age	Grade

Person authorized to care for child in emergency if parent/guardian cannot be reached:

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

School Attended Last Year _____ **Grade** _____

A \$95.00 registration fee must accompany this application if not already paid.

Signature (Father/Guardian) _____

Signature (Mother/Guardian) _____

Enrollment Date: _____