



Saving Grace Christian Academy

12353 Washington Square
Waldorf, MD 20601
www.savinggracechristianacademy.org

“Soaring to the Peak of our Potential”

Application

Date: _____

Registration Fee: \$100

- Cash
- Money Order
- Credit Card

PLEASE PRINT OR TYPE

CAMPER’S LEGAL NAME:

Last	First	Middle
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NAME/NICKNAME _____

AGE: _____

DATE OF BIRTH: Month ____ Day ____ Year ____

SEX: (check one) Male ____ Female ____

PLACE OF BIRTH: _____

RACE: (check one or more)

- 1. Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 6. Latino or Hispanic (circle one)
- 7. Prefer not to answer

Home Telephone #: () _____ Mobile #: () _____

STREET ADDRESS: (Street, City, Zip Code):

MAILING ADDRESS: (ONLY if different from street address)



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Previous School: _____

Address: _____

Is this a Charles County Public School? Yes _____ No _____ (check one)

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SIBLINGS (living in the same household)

Name (First, Middle, Last)

Date of Birth

.....

CUSTODIAN 1 (check one): Resides in household? _____yes _____no
____Father _____Mother _____Guardian

Name: _____

Employer: _____

Home Telephone #: () _____

Work Telephone #: () _____

Mobile #: () _____

E-mail address: _____

.....

CUSTODIAN 2 (check one): Resides in household? _____yes _____no
____Father _____Mother _____Guardian

Name: _____

Employer: _____

Home Telephone #: () _____

Work Telephone #: () _____

Cell Phone #: () _____

E-mail address: _____

MODE OF TRANSPORTATION:

- Bus
- Van



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- o Car Rider

PLEASE PRINT OR TYPE EMERGENCY CONTACTS

Please list an emergency contact in the event the listed custodian(s) are not available.

Name: _____

Relationship to camper: _____

Home Telephone #: () _____

Work Telephone #: () _____

Cell Phone #: () _____

E-mail address: _____

Does your child have any medical problems/allergies that we should be aware of? (Please list below)

How did you learn about Saving Grace Christian Academy: (check one)

_____ Word of Grace Worship Center website _____ Word of Grace Worship Center Facebook page

_____ Online _____ Social Media _____ Grace CDC _____ Flyer

_____ Other _____ (please list your source)

_____ Word of Grace Worship Center Member _____

(please let us know who referred you so that we can thank them)☺

Are you interested in receiving information about extracurricular activities and before and aftercare that Grace Community Development Center offers? Yes/No

*Please submit the following required documents with application:

*Proof of Address

*Child's Most recent report card

*Child's Current Immunization Records

*Registering Parent's Drivers License

*County Release form for nonpublic schooling

Parent/Guardian Signature completing this form:

_____ date _____