



North Raleigh Christian Academy

7300 Perry Creek Road, NC 27616 • (919) 573-7900 Office • (919) 573-7901 Fax
nrcaknights.com

Aftercare Application 2021/2022

GENERAL INFORMATION

Last Name: _____

CHILDREN ENROLLING

1st Child's Name: _____

Grade: _____	Birthday: _____
Allergies: _____	
Medication/Medical Needs: _____	

2nd Child's Name: _____

Grade: _____	Birthday: _____
Allergies: _____	
Medication/Medical Needs: _____	

3rd Child's Name: _____

Grade: _____	Birthday: _____
Allergies: _____	
Medication/Medical Needs: _____	

4th Child's Name: _____

Grade: _____	Birthday: _____
Allergies: _____	
Medication/Medical Needs: _____	

PARENT CONTACT INFORMATION

Father's Name: _____	Mother's Name: _____
Email: _____	Email: _____
Phone: Home _____ Work _____ Cell _____	Phone: Home _____ Work _____ Cell _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS AUTHORIZED TO PICK UP:

Contact's Name: _____	Contact's Name: _____
Cell Number: _____ Relationship: _____	Cell Number: _____ Relationship: _____
Contact's Name: _____	Contact's Name: _____
Cell Number: _____ Relationship: _____	Cell Number: _____ Relationship: _____
Contact's Name: _____	Contact's Name: _____
Cell Number: _____ Relationship: _____	Cell Number: _____ Relationship: _____