



**WESTGATE**  
CHRISTIAN SCHOOL

## **2023 Summer Registration**

**Registration Fee \$175: Nonrefundable and due when packet returned**

**Fees:**

**Preschool (2K - 4 K) \$1,200 (\$600 monthly)**

**Kindergarten - 5th grade (just completed) \$1,420 (\$710 monthly)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade just completed \_\_\_\_\_

### **Guardian Information**

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City Zip

**Place of Employment** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(if different) Street City Zip

**Place of Employment** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



**Pick up Information**

**Persons authorized to pick up your child ( include yourself):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Information**

**Persons to be notified in case of emergency if parents cannot be reached:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Emergency Hospital Preference** \_\_\_\_\_

**School may obtain medical assistance if parent or emergency contact is unavailable: Y N**

## **Corporal Punishment Permission**

**PARENTS WILL BE CALLED BEFORE CORPORAL PUNISHMENT IS ADMINISTERED.**

\_\_\_\_\_ I give permission for \_\_\_\_\_ to be paddled by school administration.

\_\_\_\_\_ I do not give permission for \_\_\_\_\_ to be paddled by school administration. In the event that corporal punishment is warranted, I understand that i will be called to school to pickup my child immediately.

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

## **Permission to Administer OTC Medication**

**PARENTS WILL BE CALLED BEFORE ADMINISTERING OTC MEDICATION.**

\_\_\_\_\_ I give WCS personnel permission to administer OTC medication when needed.

\_\_\_\_\_ I do not give WCS personnel permission to administer OTC medication when needed.

**My child is allergic to the following medications:**

\_\_\_\_\_

\_\_\_\_\_ (initial) I understand the registration fee is non-refundable, and I agree to pay fees and accounts when due. I am aware of all late fees as stated in the Parent Handbook to include late account payment and late pickup fees.

\_\_\_\_\_ (initial) I also understand that any false or withheld information on this form will be cause for my child's immediate dismissal from Westgate Christian School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date