

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		
<u>Guardian Infor</u>	<u>mation</u>			
Mother's Name			U	
Address	100			
Street		City	Zip	
Place of Employment				
Home Phone:	Work Phone: _	Cell Pho	one:	
Father's Name				
Address				
(if different)		City	Zip	
Place of Employment				
Home Phone:	Work Phone:	Cell Ph	one:	

Child lives with: Both Parents Father Mother Other If the child lives with a custodial parent, does the non-custodial parent have authorization to pick up the child? Yes No **If a parent is not authorized to pick up the child, a copy of the divorce decree and/or custodial agreement prohibiting the unauthorized parent from picking up the child MUST be provided.						
Student Informati	<u>on</u>					
Child's Name						
Gender: M F	DOB:					
Address	10					
Street			City	Zip		
Contact email address(es)						
Has the child ever been su If yes, please expla			eave a school or da			
Does the child have a beh If yes, please expla	in	2				
Does the child have troub If yes, please expla	in					
Does the child take medic If yes, what type a	ations?					

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 emergen	cy if parents cannot be reached:
Name	Phone #
Name	Phone #
Child's Physician	Phone #
Address	
Emergency Hospital Preference	
School may obtain medical assistance if p	parent or emergency contact is unavailable: Y N

Corporal Punishment Permission

PARENTS WILL BE CALLED BEFORE CORPORAL PUNISHMENT IS ADMINISTERED.

I give permission foradministration.		to be paddled by school		
I do not give permission forto be paddled be 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 Admin		Aedication DMINISTERING OTC MEDIC	CATION	
		administer OTC medication w		
I do not give WCS p	ersonnel permi	ssion to administer OTC medic	ation when	
My child is allergic to the foll	lowing medicati	ons:		
·	aware of all la	Fee is non-refundable, and I agree te fees as stated in the Parent Ho p fees.		
	•	se or withheld information on th m Westgate Christian School.	nis form will be	
Parent/Guardian Signature		Date		