

# Student Registration Form

- New Enrollment
- Re-enrollment

**WESTWOOD CHRISTIAN SCHOOL**  
5801 SW 120 Avenue, Miami, FL 33183

<i>for office use only</i>	
Account Number	
Registration Fee	
Teacher	Room #

## 1<sup>st</sup> Parent/Guardian Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address:

Street \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Marital Status

- |                                  |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Married   | <input type="checkbox"/> Divorced  |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried |

Church you now attend \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

## 2<sup>nd</sup> Parent/Guardian Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address:

Street \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Marital Status

- |                                  |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Married   | <input type="checkbox"/> Divorced  |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried |

Church you now attend \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

## Children Information:

With whom do the children reside?

- Mother    Father    Step-Mother    Step-Father    Grandparents    Other \_\_\_\_\_

Home address for Child(ren) \_\_\_\_\_ Zip Code \_\_\_\_\_

**1<sup>ST</sup> CHILD:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Child's Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Sex:  Black  Hispanic  Oriental  
 Boy  Girl Ethnic Background:  White  Not Available

Circle grade **entering**: Preschool: K-2 *1/2 day* K-2 full day K-3 *1/2 day* K-3 full day K-4 *1/2 day* K-4 full day  
Elementary: K-5 *1/2 day* K-5 full day 1st 2nd 3rd 4th 5th  
Secondary: 6th 7th 8th 9th 10th 11th 12th

Circle grades **attended** at this school: K-2, K-3, K-4, K-5, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11<sup>th</sup>

Does your child have food allergies?  Yes  No If yes explain: \_\_\_\_\_

Who has custody of this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive school correspondence for this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive this child's report cards? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should be allowed to access this child's information in our online school portal, ParentsWeb? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

**2<sup>ND</sup> CHILD:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Child's Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Sex:  Black  Hispanic  Oriental  
 Boy  Girl Ethnic Background:  White  Not Available

Circle grade **entering**: Preschool: K-2 *1/2 day* K-2 full day K-3 *1/2 day* K-3 full day K-4 *1/2 day* K-4 full day  
Elementary: K-5 *1/2 day* K-5 full day 1st 2nd 3rd 4th 5th  
Secondary: 6th 7th 8th 9th 10th 11th 12th

Circle grades **attended** at this school: K-2, K-3, K-4, K-5, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11<sup>th</sup>

Does your child have food allergies?  Yes  No If yes explain: \_\_\_\_\_

Who has custody of this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive school correspondence for this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive this child's report cards? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should be allowed to access this child's information in our online school portal, ParentsWeb? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

**3<sup>rd</sup> CHILD:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Child's Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Sex:  Boy  Girl Ethnic Background:  Black  Hispanic  Oriental  
 White  Not Available

Circle grade **entering**: Preschool: K-2 *1/2 day* K-2 full day K-3 *1/2 day* K-3 full day K-4 *1/2 day* K-4 full day  
Elementary: K-5 *1/2 day* K-5 full day 1st 2nd 3rd 4th 5th  
Secondary: 6th 7th 8th 9th 10th 11th 12th

Circle grades **attended** at this school: K-2, K-3, K-4, K-5, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11<sup>th</sup>

Does your child have food allergies?  Yes  No If yes explain: \_\_\_\_\_

Who has custody of this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive school correspondence for this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive this child's report cards? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should be allowed to access this child's information in our online school portal, ParentsWeb? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

**4<sup>th</sup> CHILD:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Child's Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Sex:  Boy  Girl Ethnic Background:  Black  Hispanic  Oriental  
 White  Not Available

Circle grade **entering**: Preschool: K-2 *1/2 day* K-2 full day K-3 *1/2 day* K-3 full day K-4 *1/2 day* K-4 full day  
Elementary: K-5 *1/2 day* K-5 full day 1st 2nd 3rd 4th 5th  
Secondary: 6th 7th 8th 9th 10th 11th 12th

Circle grades **attended** at this school: K-2, K-3, K-4, K-5, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11<sup>th</sup>

Does your child have food allergies?  Yes  No If yes explain: \_\_\_\_\_

Who has custody of this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive school correspondence for this child? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should receive this child's report cards? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

Who should be allowed to access this child's information in our online school portal, ParentsWeb? (you may fill more than one box)

Mother  Father  Step-Mother  Step-Father  Grandparents  Other \_\_\_\_\_

**Persons, other than parents, permitted to remove child and/or to be notified in case of illness or accident:**

**1<sup>st</sup> Contact Information**

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2<sup>nd</sup> Contact Information**

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**3<sup>rd</sup> Contact Information**

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**4<sup>th</sup> Contact Information**

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**5<sup>th</sup> Contact Information**

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ATTENTION! For security reasons, a custodial parent must sign this form:**

Parent Signature: \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

***Note: Students will not be released without picture identification from aftercare.***

### TUITION AGREEMENT

It is understood that the undersigned agrees to take full responsibility for all charges and payments incurred on this account

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please create a personal 4-digit code \_\_\_\_\_

To access information on your account, we will need your account number, the name and address on your account, and your personal 4-digit code.

### TUITION AGREEMENT

It is understood that the undersigned agrees to take full responsibility for all charges and payments incurred on this account

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please create a personal 4-digit code \_\_\_\_\_

To access information on your account, we will need your account number, the name and address on your account, and your personal 4-digit code.