

Student Registration Form

- New Enrollment
- Re-enrollment

WESTWOOD CHRISTIAN SCHOOL
4301 SW 107 Avenue, Miami, FL 33165
5801 SW 120 Avenue, Miami, FL 33183

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

1st 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) _____

2nd 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 _____

1ST 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, 11th

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 _____

2ND 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, 11th

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 _____

3rd 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, 11th

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 _____

4th 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, 11th

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:

1st Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Cell Phone _____

2nd Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Cell Phone _____

3rd Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Cell Phone _____

4th Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Cell Phone _____

5th 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.