



QUALITY EDUCATION IN A CHRISTIAN ENVIRONMENT

Westgate Christian School  
617 Westgate Parkway  
Dothan, Alabama 36303  
(334) 793-3399

### 5K-6<sup>th</sup> Grade Registration Form

Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's present age \_\_\_\_\_

Grade To Enter: 5K 1st 2nd 3rd 4th 5th

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

School Last Attended \_\_\_\_\_

Church Preference \_\_\_\_\_ Are you a Member? \_\_\_\_\_

Email Address (checked daily): \_\_\_\_\_

How did you hear about us?  Paper  Radio  Friend  Other \_\_\_\_\_

**Time(s) Requested (Check all that apply):**

School Hours (8:00-2:45)  School Holidays  Before/After School Care  Summer Care

### Guardian Information:

Father \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_ Ext. \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_ Ext. \_\_\_\_\_

\*\*\*\*\* If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

Is there joint custody? \_\_\_\_\_ Will both parents pick up your child from school? \_\_\_\_\_

### Additional Information about Student:

Please list any physical or mental handicaps, limitations, allergies, or health problems: \_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_ Has your child ever been asked to withdraw from school? \_\_\_\_\_ If you answered yes to either, please list school name & explain: \_\_\_\_\_

Has your child ever been diagnosed with a learning disability? \_\_\_\_\_ Has your child ever been recommended for special education? \_\_\_\_\_ Has your child ever been tested for Attention Deficit Disorder? \_\_\_\_\_ If you answered yes to the above, please explain: \_\_\_\_\_

### Pick Up Information: (Also emergency numbers)

Persons authorized to pick up your child:

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

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

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

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

## Discipline/Permission to Paddle:

I give permission for \_\_\_\_\_ to be paddled by the teacher/school director.

I do not give permission for \_\_\_\_\_ to be paddled by the teacher/school director. If a situation occurs, I understand that I will be called to the school to handle the situation immediately.

\*\*\*\*\*Please understand that corporal punishment is a last resort. We use the "time out" method of discipline for all students.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

## Medicine Administering Procedure/Consent:

All medicine **MUST** be in the original container. Prescription medication **MUST** have the child's name on it. All medicine will be administered by the office staff/teacher. A note **MUST** be sent with the medicine giving us instructions and permission to give that particular medication. Please sign below giving WCS permission to administer over the counter medications (Tylenol, Motrin, etc... for headaches or first aid) when needed.

I give WCS staff permission to administer medicine to \_\_\_\_\_ when needed.

I do not give WCS staff permission to administer medicine to \_\_\_\_\_ when needed, only medicine that is sent from home can be administered.

My child is allergic to the following medications: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\*\*\*\*\*

## Parent's Statement

- I hereby pledge to pay my financial obligations to the school on the date due and understand that late fees will be charged if payment is received **after the 10<sup>th</sup> of the month**. (Please note that if the 10<sup>th</sup> falls on a weekend or a holiday, you must make arrangements to have your payment in the office before this date. Any payment received after the 10<sup>th</sup> will be considered late and a late charge will be added.) I understand that my child's records will not be released or transferred unless my school bill is paid in full.
- I give permission for my child to take part in all school activities, including trips away from the school premises.
- I appreciate the stand of the school and agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline, as it deems wise and expedient for the training of my child.
- I further agree to hold the school and agents harmless of any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason, be taken against Westgate Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay the attorney's fees, court fees, damages or other costs that Westgate Christian School or its agents should incur to defend itself against such actions.
- I understand that if my child is not picked up by 5:30 I will be charged a fee of \$10.00 until 5:45 and will also be charged an additional \$1.50 per minute after 5:45.
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations or whose financial obligations remain unpaid.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date