



WEST SENECA CHRISTIAN SCHOOL

511 Union Rd., West Seneca, NY 14224
(716) 674-1820 • www.gowscs.com
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Family Enrollment Form FAMILY INFORMATION

Parent/Guardian's Names: _____

Address: _____

Home Phone: _____

Father's Place of Employment: _____ Phone: _____

Father's Cell Phone: _____ Father's Email: _____

Mother's Place of Employment: _____ Phone: _____

Mother's Cell Phone: _____ Mother's Email: _____

Church Family Attends: _____ Pastor's Name: _____

Children's Names (please list all)

Full Name	Grade	Gender	Birth Date	Enrolled
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

AGREEMENT

As parents/guardians, we have completed all procedures necessary for registration and give our permission to enroll the above named children for the school year indicated. We have read and understand the Financial Policies and agree to abide by them. The school also has our permission to release pictures of our child in school publications such as but not limited to the yearbook, newsletters, and the school web site.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

ENROLLMENT REQUIREMENTS CHECKLIST

For Office Use Only

- Application** (New Students Only)
- Birth Certificate** (New Students Only)
- Health History Form** (New Students Only)
- Student Questionnaire** (Secondary New Students Only)
- Course Selection Sheet** (High School Students Only)
- Statement of Cooperation**
- Emergency Contact Information Sheet**
- Updated Immunizations**
- Dental Examination Form** (New entrants, students in PreK, K, 2, 4, 7, and 10)
- Annual Physical** (New entrants, students in PreK, K, 2, 4, 7, and 10, and students participating in sports or seeking working permits)

- Registration Fee** \$ _____

Office Use Only

- Gym Uniform Paid _____ Date _____
Size/Name _____
 - Gym Uniform Paid _____ Date _____
Size/Name _____
 - 1st Semester Milk Paid _____ Date _____ # _____
 - 2nd Semester Milk Paid _____ Date _____ # _____
 - Flashcards Paid _____ Date _____ Type: A S M D
 - Sports Fee Paid _____ Date _____ # _____
 - Sports Fee Paid _____ Date _____ # _____
 - Records Requested _____ Received _____
 - Other
-

Emergency Information

CHILD LIVES WITH: (Please Circle all that Apply) Mother Father Other: _____

Legal Custodial Restrictions: () No () Yes

Please Explain _____

Copy of Legal Document Must be provided

To parent or guardian: To serve your child in case of accident or sudden illness and you cannot be reached, it is necessary that you furnish the following information for emergency calls. List two emergency contacts who will assume temporary care:

Name		Name	
Address		Address	
Telephone		Telephone	
Relationship		Relationship	

Primary Care Doctor _____ Telephone Number _____

Dentist _____ Telephone Number _____

Other information you would like the administration/nurse to know: _____

"I hereby give my permission for my child(ren) to be transported to _____ Hospital or to the medical facility deemed most appropriate by medical personal."

*** I, the undersigned, do hereby authorize officials of West Seneca Christian School to contact (directly) the persons named on this card and **do authorize** the named physicians to render such **treatment** as may be deemed necessary in an emergency, for the health of said child(ren). To best meet health and safety needs of my child(ren), **the nurse** **May** **May Not share relevant health information** with appropriate school personnel. This information will be kept confidential. In the event that physicians, other persons named on this card, or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child(ren). I will not hold the school financially responsible for the emergency care and/or transportation for said child(ren).

Signature of Parent or Guardian: _____ Date: _____