



WARWICK RIVER CHRISTIAN SCHOOL, INC.

252 Lucas Creek Road ♦ Newport News VA 23602 ♦ 757-877-2941 ♦ www.warwickriver.org

Student Registration 2020-2021 School Year

Please print clearly and provide all information requested. Please note N/A if not applicable.
A Registration fee of \$100 for all students

Student's full name: _____ Date of Registration: _____
(First, Middle, Last)

Name by which student is called: _____ Student's sex: ___ M ___ F

Student's Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

Name(s)/Birthdate(s) of Siblings: _____

Please mark the class level this student will be entering for the 2020-2021 school year:

4-Year Prekindergarten
Age 4 by 9/30

___ Half-days (8:45-12:30)

___ All-days (8:45-3:00)

Morning Carline starts at 8:30. School starts at 8:45.

Ethnicity or National Origin:

Please select one of the following concerning this student. (For statistical reporting purposes only.)

- African American/Black
- Middle Eastern
- White or Caucasian

- Asian/Pacific Islander
- Multiracial
- Other (Please specify) _____

- Hispanic/Latino(a)
- Native American

Parent / Guardian

Full name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Position/Occupation: _____

Work Phone: _____

Church Affiliation:
Denomination: _____

Parent / Guardian

Full name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Position/Occupation: _____

Work Phone: _____

Church Affiliation:
Denomination: _____

(Please complete reverse side.)

Who has legal custody of student? _____

(If applicable, please submit most recent custody agreement.)

Student resides with: _____

EMERGENCY CONTACT INFORMATION:

In the case that the parents/guardians are not available, whom should we contact?

Name	Relationship to Student	Day Phone
A. _____	_____	_____
B. _____	_____	_____

MEDICAL INFORMATION:

A. Physician/Pediatrician: _____ Phone: _____

B. Facts concerning your child's medical history, allergies (including foods), medications being taken, and any physical or emotional impairments to which school personnel should be alerted:

C. If your child becomes ill or injured, in the event that you cannot be notified, may we proceed with first aid and emergency medical care for your child?

Yes _____ No _____ Parent's Signature _____ Date: _____

PERMISSION:

Permission is hereby granted to include student and parent name, address, phone number, and e-mail on a list provided only to our school families unless noted below.

Permission is hereby granted for the school to use my child's name and photo in school publications, publicity pieces, and on the school website unless noted below.

Permission is hereby granted for my child to participate in field trips.

Comments: _____

Signature: _____ Date: _____

For Office Use Only	
<input type="checkbox"/>	Date Registration received: _____
<input type="checkbox"/>	Payment for Registration received: _____
<input type="checkbox"/>	Original Birth Certificate Viewed Birth Certificate #: _____ State: _____
<input type="checkbox"/>	Evidence of up to date Immunizations
<input type="checkbox"/>	Medical Administration – If applicable