

FIRST WOODWAY CHRISTIAN SCHOOL

ENROLLMENT INFORMATION

Nancy Purdy, Administrator

PLEASE PRINT

STUDENT'S INFORMATION			Gender
Name _____ <i>(Please circle the name your child prefers to be called)</i>			<input type="checkbox"/> Male <input type="checkbox"/> Female
First _____	Middle _____	Last _____	Date of Birth
Address _____			/ /
Street _____	City _____	State _____	Month Day Year
Date of Admission and/or Withdrawal _____	SS# _____	Email Address: _____	
			Telephone Number _____

FATHER'S OR GUARDIAN'S INFORMATION Name _____ Address <i>(if different from student's)</i> _____ Street _____ City _____ State _____ Zip Code _____ Telephone Number _____ Home _____ Work _____ Cell _____ Relationship To Student <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	MOTHER'S OR GUARDIAN'S INFORMATION Name _____ Address <i>(if different from student's)</i> _____ Street _____ City _____ State _____ Zip Code _____ Telephone Number _____ Home _____ Work _____ Cell _____ Relationship To Student <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
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List name of a person to call in case of an emergency if parent(s) or guardian(s) cannot be reached:

Name _____	Telephone Number _____	Relationship _____
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I hereby authorize the FWCS Staff to allow my child to leave FWCS *ONLY* with the following persons:

Name _____	Name _____	Name _____
Telephone Number _____	Telephone Number _____	Telephone Number _____

FIELD TRIPS: I hereby give do not give — my consent for my child to participate in Field Trips.

Parent's Comments: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which the staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administrator or person in charge to take my child to:

Physician _____	Hospital _____
Address _____	Address _____
Telephone Number _____	Telephone Number _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.



Signature — Parent or Legal Guardian Date

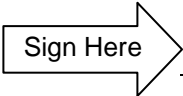
HEALTH REQUIREMENTS

				Date of Birth _____	
IMMUNIZATIONS	Date / Dose 1	Date / Dose 2	Date / Dose 3	Date / Booster	Date / Booster
DTP / DtaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST <i>(if required)</i>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Varicella <i>(* see below)</i>					
PCV-7 <i>(children under 5)</i>					

_____ *Signature – Physician or Health Personnel* _____ *Date* _____ *Signature – Staff Making Handwritten Copy of Record* _____ *Date*

***Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease.**
 Please complete the following statement if your child has had chickenpox disease:

My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.



_____ *Signature — Parent or Legal Guardian* _____ *Date*

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to FWCS.

Check to indicate the option you select:

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in school.

_____ *Signature – Physician* _____ *Date*

A form or written statement from a health service or clinic.

If you have none of the above:


PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in school. Within the next 12 months, I will obtain a physician's statement or a statement from a health service or clinic and will submit it to FWCS.

_____ *Name and Address of Physician*

My child has an appointment for a physical examination on _____ with _____

_____ *Date* _____ *Name and Address of Physician*

I will submit the physician's statement or health service or clinic statement to FWCS following the examination.



_____ *Signature — Parent or Legal Guardian* _____ *Date*

Please let us know how you heard about First Woodway Christian School.

Word of mouth _____ Magazine Ad _____ - Which one? _____ First Woodway Church _____

Internet _____ Billboard _____ Car Decal _____ Other _____