# FIRST WOODWAY CHRISTIAN SCHOOL

## REGISTRATION INFORMATION

### KINDERGARTEN

***PLEASE PRINT***

## ☐ Full Day ☐ Half Day

**STUDENT'S INFORMATION**

Name *(Please circle the name your child prefers to be called)*

_____

*First* *Middle* *Last*

Address

_____

*Street* *City* *State* *Zip Code*

Telephone Number _____

Date of Birth ____ / ____ / ____

*Month* *Day* *Year*

Gender ☐ Male ☐ Female

**FATHER'S OR GUARDIAN'S INFORMATION**

Name_____

Address *(if different from student's)*

_____

*Street*

_____

*City* *State* *Zip Code*

Employer_____

Telephone Number

Home_____

Work_____

Cell_____

Relationship To Student

☐ Father ☐ Legal Guardian ☐ Other_____

**MOTHER'S OR GUARDIAN'S INFORMATION**

Name_____

Address *(if different from student's)*

_____

*Street*

_____

*City* *State* *Zip Code*

Employer_____

Telephone Number

Home_____

Work_____

Cell_____

Relationship To Student

☐ Mother ☐ Legal Guardian ☐ Other_____

**PARENTS**

☐ Married ☐ Separated ☐ Divorced

**CHURCH AFFILIATION**

_____

**ALLERGIES:**

**E-MAIL ADDRESS:**

**RETURNING STUDENT:**

☐ Yes ☐ No

**REGISTRATION FEE:**

☐ Cash ☐ Check Number_____