



Whitehall Christian School

3950 Mechanicsville Road, Whitehall, PA 18052 (610) 799-2341

STUDENT REGISTRATION FORM 20__ / 20__

Student Information:

First Time Enrollment

Student's Legal Name: _____ Gender: _____ Grade: _____
Last First Middle (M / F)

Place of Birth _____, _____, _____
City State Country

Date of Birth: ____/____/____ Age Today: _____ Church Affiliation: _____
Month Day Year

Pastor's Name: _____ Baptized: Yes No If yes, Date: _____

Guardian Information: Mother Father Grandparent Legal Guardian (Check one)

Legal Name: _____
Last First Middle

Married Divorced Separated Never Married

Child named above lives in my home yes no

Home Phone: _____ Business Phone: _____ Cell phone: _____
I can receive texts yes no

Occupation: _____ Email Address: _____

Church Affiliation: _____ Home Church: _____

Home Address: _____
Street City State Zip Code

Child lives at this address: yes no

Guardian Information: Mother Father Grandparent Legal Guardian (Check one)

Legal Name: _____
Last First Middle

Married Divorced Separated Never Married

Child named above lives in my home yes no

Home Phone: _____ Business Phone: _____ Cell phone: _____
I can receive texts yes no

Occupation: _____ Email Address: _____

Church Affiliation: _____ Home Church: _____

Home Address: _____
Street City State Zip Code

Child lives at this address: yes no

20__/20__ Registration and Information Form, Part II

Student's Name: _____

Student Media Release

From time to time during the school year, the media may photograph our school, teachers, and students to visually explain the many varied types of programs and events, which Whitehall Christian School has to offer. Those photographs or videos may be used in various media including the school website, school media pages or other school publications. Student's full names will not be published.

I give permission for my child to be photographed for the purpose explained above.

Yes No Parent's Initials: _____

Also, WCS has opportunity to publish and/or display student work on bulletin boards, in school publications, conference and union publications, and other venues.

I give permission for my child to be published/displayed for the purpose explained above.

Yes No Parent's Initials: _____

School Resources Agreement

I agree to pay the replacement cost of any textbooks, library materials, computer software or hardware, or other learning materials assigned to my child, or any property belonging to the school, another student, teacher, or staff member that my child damages beyond normal wear and tear.

Parent's Signature: _____ Date: _____

I will treat all schoolbooks and materials with care. (3rd grade and above, only)

Student's Signature: _____ Date: _____

Student / Parent Commitment

I will strive to do my best in all that I do: homework, tests, class participation, social and physical activities, etc. I will respect others -- teacher, pastor, staff, visitors, and my fellow classmates. I agree to treat others as I would like to be treated. I will always display an attitude conducive to classroom learning. I have received and reviewed the WCS Parent Handbook. I clearly understand what is expected of the students at WCS and I agree to uphold these standards.

Student's Signature: _____ Date: _____

I acknowledge that the education of above student is a partnership involving me, my child, and the staff of WCS. I agree that all the information above is correct. Additionally, I will abide by the regulations of the school as outlined in the school bulletin and any additional policies implemented throughout the school year, and to pledge our full cooperation.

Parent's Signature: _____ Date: _____

Emergency Contacts

List Emergency Contacts *other than Parent/Guardian*

Students Name: _____

Contacts Name	Phone Number	Relationship to Student	Authorized to pick up child	
1.			Yes	No
2.			Yes	No
3.			Yes	No
4.			Yes	No

Family Physician's Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Continuing Consent to Treatment and Authorization to Release Information in Cases of Emergency

In case of medical emergency, I, the undersigned, will expect Whitehall Christian School to contact me. If I cannot be reached, I authorize the school to seek medical attention for my child. I understand that my preferred physician may not be the facility available for the immediate emergency care of my child. Consent is hereby given for transport by a school representative, EMS personnel and/or hospital emergency staff to seek treatment from licensed medical staff as deemed necessary by their professional judgement. The school may deliver my child to members on the emergency contact list above.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or WCS.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the student accident insurance carrier or its representative any and all information with respect to any illness, medical history, consultation, X-ray, or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Parent's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Consent to Field Trips

I realize when I register my child at WCS that the school is automatically given my permission for my child to attend field trips unless I have indicated otherwise in writing expressing my reason(s). All field trips are regarded as school days; therefore, any absences will be handled in the manner as outlined in the School Handbook.

Parent's Signature: _____