

Nazarene Christian School
REGISTRATION FORM
2010 - 2011 School Year

Student's Name (first, middle, last) _____

Date of Birth: _____ S. S. # _____ Home Phone _____

Address _____

School (Last Year) _____ Address _____

Reason(s) for selecting Nazarene Christian School: _____

How did you hear about us? _____

Church: _____ Do you attend regularly? _____

Mother _____ Home Phone : _____ Cell Phone: _____

Place of Employment _____ Wk . Phone: _____

Father _____ Home Phone: _____ Cell Phone: _____

Place of Employment _____ Wk. Phone: _____

Parent's e-mail address _____

Emergency Contacts / Others Authorized to pick up Child (Order in which to be contacted):

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital _____ Insurance Carrier _____ Policy/Patient Number _____

Allergies and other Special Medical Information which might help us:

Any likes, dislikes, habits, development, personality or behavior notes which might help us in working with your child: _____

Parent or Legal Guardian, Please initial the blanks and sign where indicated

_____ I have read the School Handbook and agree to abide by the school's policies and regulations, as given in the Handbook and as amended with 30 day notice to me.

_____ I agree that Nazarene Christian School and/or its staff may authorize the physician(s) of their choice to provide emergency care in the event that neither I nor the child's physician may be reached.

Please check payment method on how tuition will be paid for the 2010-2011 school year:

_____ weekly _____ monthly-10 _____ monthly-12 _____ annually

DATE _____ SIGNATURE _____