

# PALMS CHRISTIAN SCHOOL

*A Ministry of Palm Vista Baptist Church.*

## 2015-2016 REGISTRATION FORM

**Grade Entering: KG 1 2 3 4 5 6**

**Returning Palms Christian Student**       **New Palms Christian Student**       **Mid School Year Transfer Student**

### Student Information

|                             |      |  |               |                 |
|-----------------------------|------|--|---------------|-----------------|
| First Name:                 |      | Last Name:   |               | Middle Initial: |
| Date of Birth: (MM/DD/YYYY) | Age: | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Phone Number: |                 |
| Current Address:            |      |  |               |                 |
| City:                       |      | State  | Zip Code      |                 |

### Family Information

#### Mother

|                          |             |  |         |                 |
|--------------------------|-------------|--|---------|-----------------|
| Last Name:               |             | First Name:  |         | Middle Initial: |
| Home Phone:              | Cell Phone: | Work Phone:  | E-Mail: |                 |
| Address:                 |             | City:  | State:  | ZIP Code:       |
| Employer and Occupation: |             | Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Single |         |                 |

#### Father

|                          |             |  |         |                 |
|--------------------------|-------------|--|---------|-----------------|
| Last Name:               |             | First Name:  |         | Middle Initial: |
| Home Phone:              | Cell Phone: | Work Phone:  | E-Mail: |                 |
| Address:                 |             | City:  | State:  | ZIP Code:       |
| Employer and Occupation: |             | Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Single |         |                 |

### Legal Custody (If Applicable)

If parents are divorced or separated, who has legal custody of the student?

### Sibling Information

| Sibling Name | Grade | School |
|--------------|-------|--------|
|              |       |        |
|              |       |        |
|              |       |        |
|              |       |        |

**Church Information**

Member of Palm Vista Baptist Church:  Yes  No      If "No" What Church do you normally attend: \_\_\_\_\_

**Billing Information**

Responsible Party's Name: \_\_\_\_\_      SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parental Consent**

In case of an emergency situation, we hereby authorize any hospital or doctor to render immediate emergency aid as might be required at the time for our child's health and safety. We understand we will be responsible for the expense of these services. This may include but not be limited to, ambulance service. We understand the school will attempt to reach us first.

**We give permission:**

- To PCS staff or volunteers to administer basic first aid.
- For our child to attend all PCS sponsored trips and activities throughout the school year, unless otherwise requested in writing.
- For PCS to use photos of our child in all promotional and advertising materials to include the PCS website, unless otherwise requested in writing.

\_\_\_\_\_  
Father's Signature                                      Date                                      Mother's Signature                                      Date

**Other Information (For Statistical Purposes Only – Please Check One)**

African American    Native American    Caucasian    Hispanic    Asian    Pacific Islander    Other \_\_\_\_\_

**Please include my family in Prayer at Palm Vista Baptist Church:**

Yes    No      Specific Prayer Request: \_\_\_\_\_

**For School Use Only:**

Full Registration Fee Rec'd                      Amt Rec'd: \$ \_\_\_\_\_                      Dated Rec'd: \_\_\_\_\_

One Half Registration Fee Rec'd                      Amt Rec'd: \$ \_\_\_\_\_                      Dated Rec'd: \_\_\_\_\_

One Half Registration Fee Rec'd                      Amt Rec'd: \$ \_\_\_\_\_                      Dated Rec'd: \_\_\_\_\_

PVBC Member       PCS Staff                       2 Children Attending PCS/ABP

Active Military       Returning Student       ABP Student       After School Care