

2018-2019 ENROLLMENT / REGISTRATION FORM

PARKVIEW CHRISTIAN SCHOOL – 608 S. Eufaula Ave. – Eufaula, AL 36027

Date _____ Time _____ Referred by: _____

Student Information

Name _____ Name Used _____
Address _____
City/State/Zip _____
Phone _____ Social Security # _____ M / F
Grade to Enter* _____ Birthdate** _____ Present Age _____
List Siblings at P.C.S. _____ Grade Level _____
_____ Grade Level _____

Guardian Information

Father/Guardian _____	Mother/Guardian _____
Address _____	Address _____
Employer _____	Employer _____
Phone: Home _____	Phone: Home _____
Cellular _____	Cellular _____
Work _____	Work _____
E-Mail _____	E-Mail _____

My Child May Be Dismissed to (in addition to parents):

_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Emergency Information

Doctor to call in case of an emergency:

Name _____ Phone _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Miscellaneous

I will bring all medications and administer to my child _____

The school may administer medications I provide as prescribed (to include Tylenol, ibuprofen, cold medicines, medicines for upset stomach, etc.) _____

List any medical conditions, allergies, outstanding characteristics or habits of your child that we should know to care more adequately for him/her?

Church Family attends: _____

All accounts must be current and remain current to guarantee a classroom space.

***Grade to enter is finalized after review of grades and attendance records.**

****Students entering 1st Grade must be 6 years old by September 1st.**

(Please sign back page)