

PALMS CHRISTIAN SCHOOL

A Ministry of Cross Church

2020-2021 REGISTRATION FORM

Grade Entering: KG 1 2 3 4 5

☐ **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: <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: <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: <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
Sibling Name	Grade	School
Sibling Name	Grade	School
Sibling Name	Grade	School

Church Information	
Member of Cross Church: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" What Church do you normally attend:
Billing Information	
Responsible Party's Name:	SSN: _ _ _ - _ - _ _ _
Address:	
Phone:	
Parental Consent	
<p>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.</p> <p>We give permission:</p> <ul style="list-style-type: none"> • 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)
<input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____

Please include my family in Prayer at Cross Church:
<input type="checkbox"/> Yes <input type="checkbox"/> No Specific Prayer Request: _____

For School Use Only:		
<input type="checkbox"/> Full Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> One Half Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> One Half Registration Fee Rec'd	Amt Rec'd: \$ _____	Dated Rec'd: _____
<input type="checkbox"/> CC Member	<input type="checkbox"/> PCS Staff	<input type="checkbox"/> 2 Children Attending PCS/ABP
<input type="checkbox"/> Active Military	<input type="checkbox"/> Returning Student	<input type="checkbox"/> ABP Student <input type="checkbox"/> After School Care