

Emergency Contacts/Persons Authorized to Pick up Child from School:

| | | | |
|------------|--------------------|-------------|------------------------------------|
| Name _____ | Relationship _____ | Phone _____ | <input type="checkbox"/> Pick-Up |
| | | | <input type="checkbox"/> Emergency |
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| | | | <input type="checkbox"/> Emergency |

So that your child's educational experience is positive, please provide us with any information that might help us:

Has your child experienced any problems with drugs, alcohol, smoking, law enforcement agencies, school expulsion, etc.? Yes No If YES, please explain: (attach additional page if necessary)

Has your child experienced any disciplinary/conduct problems, school suspensions, grade retention, double promotions, etc.? Yes No If YES, please explain: (attach additional page if necessary)

Does your child have special educational needs? (reading, speech, gifted, ADD, ADHD, etc) Yes No

Specialist involved _____ Phone _____

Physical limitations (glasses, hearing deficit, asthma, etc.) Yes No

Doctor involved _____ Phone _____

Emotional or psychological needs (past or present treatment) Yes No

Psychiatrist involved _____ Phone _____

Special medical conditions (severe food allergies, seizures, diabetes, scoliosis, etc.) Yes No

List Conditions _____

Medications _____

Doctor involved _____ Phone _____

Parent/Guardian Certification

I have read all of the materials contained on this application and understand them. Furthermore, I have provided WCS with complete, up-to-date, accurate, and factual information to use in the admissions process. WCS reserves the right to deny admission or continued enrollment of a student for falsifying or omitting information in this application.

In case of accident or sudden illness to _____ (child), if I cannot be contacted or if I cannot immediately meet my child to authorize necessary medical care, I hereby authorize Westbury Christian School to seek any and all medical attention as deemed necessary by WCS for my child.

The undersigned parent(s)/guardian(s), with his/her signature(s), certifies that the student named in this Enrollment Contract has **parental permission to attend and participate in school-associated activities during the school year**. It is understood that adult sponsors and teachers will supervise these activities. Therefore, the undersigned parent(s)/guardian(s) agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries that may be sustained by the named student while traveling to and from, or while participating in such activities, which are not the result of gross negligence.

I authorize a copy and/or faxed copy of this authorization to be used in all respects as if it were an original.

My child's primary medical doctor is:

Doctor Phone

Parent/Guardian Signature Signature and Seal of Notary Public*

Date

*WCS will notarize for you if you bring form and sign in person in Business Office or Admissions Office

Stepfather Grandfather Guardian pick-up
 emergency contact

Mr. Dr.

Name: _____

Street Address City State Zip

Home Phone Number _____

Employer Occupation

Work Phone Number Cell Phone Number

Does this person have internet access? ___Yes ___ No

Home E-mail address _____

Work E-Mail address _____

Stepmother Grandmother Guardian pick-up
 emergency contact

Mrs. Ms. Miss. Dr.

Name: _____

Street Address City State Zip

Home Phone Number _____

Employer Occupation

Work Phone Number Cell Phone Number

Does this person have internet access? ___Yes ___ No

Home E-mail address _____

Work E-Mail address _____