

Westminster Christian Academy Preschool Student Information
____/____ School Year

Student's Last Name: _____ First _____ MI _____

Grade _____ DOB _____ **Home Phone** _____

Address: _____ City _____ Zip _____

Father's Name: _____ Cell _____

Employer _____ Wk. # _____

Occupation _____ Beeper _____

E-Mail address: _____

Mother's Name: _____ Cell _____

Employer _____ Wk.# _____

Occupation _____ Beeper _____

E-Mail address: _____

Other siblings: Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Church Home _____ Pastor _____

If Parents are separated, with whom does child reside? _____. Additional info. that may be helpful: (Allergies-Physical Ailments?) _____

Pick Up Information:

Primary Driver's Name: _____ **Phone #** _____

List All Other Drivers:

_____ **Phone #** _____

_____ **Phone #** _____

_____ **Phone #** _____

_____ **Phone #** _____

Signature of Parent or Guardian

_____ **Date** _____