

STEP 1 (PARENT/GUARDIAN'S INFORMATION)

Parent/Guardian's name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Parent/Guardian's name: _____

Mailing Address (if different from above): _____

Phone #: _____ Email: _____

- **If parents/guardians are separated or divorced, please indicate with whom the student(s) live with:**

Please list the church you now attend: _____

Please list your reason for selecting WCA: _____

STEP 2 (ADDITIONAL CONTACT INFORMATION)

List the names & relationship of others authorized to pick up your student: *Person authorized to pick up student(s) must present photo identification upon their arrival. WCA staff (according to CBCCPP regulations) must release student(s) to either parent unless there is a court order in the student's enrollment file that prohibits release to a particular parent. It is your responsibility to provide this documentation to Websterville Christian Academy.*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List (3) responsible people to contact, if parent/guardian cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Contacts:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

STEP 3 (STUDENT'S INFORMATION)

1. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Grade to Enter							

2. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Grade to Enter							

3. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Grade to Enter							

4. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Grade to Enter							

STEP 4 (AUTHORIZATION)

Do you give permission to the WCA staff to secure any necessary medical treatment for your student?

Yes No (signature needed): _____

Websterville Christian Academy has a website (wcavt.org) and Facebook page, which includes information about our school. May we include photos of your student(s) on our website?

Yes No (signature needed): _____