



Registration Form

Non-Refundable \$100.00 registration fee required per child

NEW STUDENT INFORMATION

Name _____ Grade in Sept. _____
First Middle Int. Last

Address _____ Home Phone# _____
Street City Zip

Mother's Cell # _____ Father's Cell # _____

School Last Attended _____
Name City / Town State Zip

Student Gender: ___ Female ___ Male

Student Date of Birth _____ Student's Place of Birth _____
Month Date Year City / Town State / Country

Baptism _____
Date Church City / Town State / Country

Student lives with 1. ___ Both Parents 2. ___ Mother 3. ___ Father 4. ___ Other

How did you hear about WCRS? _____

Is there any reason why the child cannot participate in physical education activities? _____

FAMILY INFORMATION:

Parish to which you belong _____
Name City / Town State

Do you want Parish Subsidy? _____ if yes, you must write Parish Name & City above

Mother's Name: _____ Mother's Maiden Name _____
First Last

Father's Name: _____ Mother's Occupation _____
First Last Father's Occupation _____

Sibling's Names and Ages:

The MAILING address of PARENT (S) / GUARDIAN as you wish it to appear on our records.

Name _____

Address _____

City / State / Zip _____

Signature _____

Email address _____ Please PRINT email Clearly.

OFFICE USE

Birth Cert. ___ Baptismal Cert ___ Immunization Records ___ Reg. Deposit Paid _____ date # or \$ \$

Sonshine Appl. ___ Woodlawn Credit Union Appl. ___