

**For office use only**

R/S Fee (\$120): Cash / Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Class Placement: \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years

## Keller Christian School 2020-2021

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ MI \_\_\_\_\_  
DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Siblings at KCS \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

### Parent or Guardian Information

Mother's Name _____	Father's Name _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

**\*\*Please list below the email address(es) you would like to receive KCS news and reminders\*\***

Student lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Any known food allergies or health issues \_\_\_\_\_

**IMMUNIZATION IS REQUIRED against diphtheria, tetanus, pertussis, polio, measles, and rubella. HIB is not required, but is recommended. A health form that contains a current immunization record MUST BE ON FILE at Keller Christian School before the child is permitted to attend class.**

**Persons allowed to pick up my child other than parent/guardian:**  
(Your child will not be released to any other person without your permission.)

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

I understand that my child must be signed in and out by an authorized person each day, and that he/she is to be left in the classroom only when a staff member is present. In signing this form, I hereby release Keller Christian School, Keller church of Christ, and its staff of any liability for injury or accident occurring on the school premises.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_