



**Oostburg Christian School  
Registration Form  
2018.19**

Family Last Name \_\_\_\_\_ Children Last Name (if different) \_\_\_\_\_

Father First Name \_\_\_\_\_ Mother First Name \_\_\_\_\_

**How do you want us to contact/communicate with you:**

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_

**Additional Information:**

Father Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Public School District In Which You Reside \_\_\_\_\_

**Children to Be Enrolled at Oostburg Christian School:**

Child Name	Grade	Birthdate	Place of Birth	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**In Case of an Emergency during school hours, who should we call: (list in order of how we should call)**

Name	Relationship to Child	Phone #'s
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How are your child(ren) transported to school? Walk/Driven Bus School Van Other (circle one)

We are planning to utilize the aftercare program at OCS this year Yes or No (circle one)

We are planning to utilize the Before Care program at OCS if offered Yes or No (circle one)

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_