



**Oostburg Christian School  
Registration Form  
2019-20**

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.	_____	_____	_____

**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 \_\_\_\_\_