

Woodland Christian School

Office use only

www.woodlandchristian.org

ELEMENTARY
1616 West Street
Woodland 95695
(530) 666-6615

MIDDLE SCHOOL
1787 Matmor Road
Woodland 95776
(530) 406-8800

HIGH SCHOOL
1787 Matmor Road
Woodland 95776
(530) 406-8800

PLEASE PRINT CLEARLY

2011-2012

EMERGENCY UPDATE INFORMATION

What is your designated public school area?

Teacher:

Grade:

STUDENT

STUDENT'S NAME _____ LAST _____ FIRST _____ MIDDLE _____ NICK NAME _____ (WHAT STUDENT WILL GO BY AT SCHOOL)

BIRTH DATE ____/____/____ PRESENT AGE ____ MALE FEMALE SOC SEC # (HS 11th & 12th ONLY) _____

HOME ADDRESS _____ (STREET, COUNTRY ROAD, ROUTE #) _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

HIGH SCHOOL ONLY

STUDENT CELL PHONE # (____) _____ HOME PHONE (____) _____ Unlisted

PARENT/GUARDIAN

If Parents are divorced or separated, who has legal custody of the Child? Mother Father Both Other _____

PARENTS' STATUS: Married Separated Divorced Remarried Deceased Other _____

STUDENT LIVES WITH: Father Step-father Guardian Other _____

- 100%
- 50%
- Weekends only
- Report Card
- Mailing list only
- NO Contact

FATHER OR GUARDIAN _____

OCCUPATION _____

Place of Employment _____

Employer Address _____

Home Address _____
(If different than student)

Work Phone (____) _____

Extension: _____

Cell Phone (____) _____

Home (____) _____ Unlisted

Email Address: _____
 Home Work

Are you an Alumni of WCS? Yes No

Our RenWeb database provides a Parent & Student Directory through the ParentWeb, please indicate if you would like your information included:
 DO NOT list information in directory Please include the following information: parent(s) name home address home phone email address

PARENTS' STATUS: Married Separated Divorced Remarried Deceased Other _____

STUDENT LIVES WITH: Mother Step-mother Guardian Other _____

- 100%
- 50%
- Weekends only
- Report Card
- Mailing list only
- NO Contact

MOTHER OR GUARDIAN _____

OCCUPATION _____

Place of Employment _____

Employer Address _____

Home Address _____
(If different than student)

Work Phone (____) _____

Extension: _____

Cell Phone (____) _____

Home (____) _____ Unlisted

Email Address: _____
 Home Work

Are you an Alumni of WCS? Yes No

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 DO NOT list information in directory Please include the following information: parent(s) name home address home phone email address

EMAIL

Newsletters and Announcements will be sent via your email address. It is our desire to keep our families informed in a quick and efficient way. Please provide your email address(es) above that you would like the newsletters/announcements sent to:

I do NOT have an email address and will need the newsletters/announcements mailed or sent home with my child.

COMPLETE AND SIGN BACK OF FORM

LOCAL Person(s) to be contacted (in the area) IF PARENTS CANNOT BE LOCATED:

CONTACTS	1-NAME _____	PHONE NUMBER(S): <input type="checkbox"/> HOME _____ <input type="checkbox"/> WORK _____ <input type="checkbox"/> CELL _____
	RELATIONSHIP TO STUDENT _____	
	2-NAME _____	PHONE NUMBER(S): <input type="checkbox"/> HOME _____ <input type="checkbox"/> WORK _____ <input type="checkbox"/> CELL _____
	RELATIONSHIP TO STUDENT _____	

MEDICAL CARE AUTHORIZATION	<p>EMERGENCY CARE PERMIT: When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parents of that child. In the case of serious injury or illness, first aid will be rendered in accordance with school policies. If I cannot be reached by telephone, in the event of an emergency</p> <p>involving: _____ please call Dr. _____ Dr.'s phone: _____ (STUDENT'S NAME) (PHYSICIAN'S NAME) (PHYSICIAN'S PHONE)</p> <p><i>In case of serious illness or accident, I hereby authorize school officials to call any local physician or paramedic if the above persons cannot be reached.</i></p>
	<p>AUTHORIZATION TO TREAT A MINOR: I (we) the undersigned parent (s) or legal guardian of (Student's Name) _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.</p> <p>Insurance Company _____ Policy Number _____</p> <p>Financial Responsibility _____</p> <p>Allergies to Drugs or Foods: _____</p> <p>Special medications or pertinent information: _____</p> <p>List any restrictions: _____</p> <p>Parent's Signature: <i>[Signature]</i> _____ Date: _____</p>

CHURCH INFORMATION	CHURCH ATTENDANCE: <input type="checkbox"/> 3-4 WEEKS A MONTH <input type="checkbox"/> AT LEAST ONCE A MONTH <input type="checkbox"/> LESS THAN ONCE A MONTH	
DOES STUDENT ATTEND CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF CHURCH: _____	PASTOR _____
DOES FAMILY ATTEND CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF CHURCH: _____	PASTOR _____

PHOTO AGREEMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, web pages, promotions, etc.