



**Office Use Only**

Registration Payment Enclosed YES \_\_\_\_\_ Amount \_\_\_\_\_ Ck # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Full Name: \_\_\_\_\_  
Last First Middle Preferred Name

Home phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code County

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Any type of disability: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

**Insurance and Medical Contacts (REQUIRED)**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ ID number \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name of Student's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts (other than parents – one name per line)**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Father's Information:** Pastor: \_\_\_\_\_ Alumni: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Supporting Church Member: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle Preferred Name

Title: \_\_\_\_\_ Status: \_\_\_\_\_ E-mail: (required) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Church Regularly Attending: \_\_\_\_\_

Emergency Contact: Yes \_\_\_ No \_\_\_ Allowed to pick up child: Yes \_\_\_ No \_\_\_

**Mother's Information:** Alumni: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Supporting Church Member: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle Preferred Name

Title: \_\_\_\_\_ Status: \_\_\_\_\_ E-mail: (required) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Church Regularly Attending: \_\_\_\_\_

Emergency Contact: Yes \_\_\_ No \_\_\_ Allowed to pick up child: Yes \_\_\_ No \_\_\_

Will your child need extended care? \_\_\_\_\_ **If yes, complete the Extended Care Enrollment form and attach.**

Authorization For Use of Pictures – Fayetteville Street Baptist Church (FSBC) and/or Fayetteville Street Christian School (FSCS) is hereby authorized to take or permit picture to be taken of our family and/or my child/children for the purpose of public relations (newspapers, it's web site, and/or on television) for FSBC and/or FSCS (will list Names Only-if necessary-associated with the picture). Yes \_\_\_ No \_\_\_

I agree the school may authorize the physician/hospital of his/her choice to provide emergency care in the event student's doctor/dentist contacts cannot be reached. Yes \_\_\_ No \_\_\_

I agree the school has permission to provide first aid treatment. Yes \_\_\_ No \_\_\_

My child has permission to participate in class approved field trips. Yes \_\_\_ No \_\_\_

I have **signed and attached** the NCCSA Liability Waiver Form. Yes \_\_\_ No \_\_\_

I have read the **Student Handbook** and will abide by all policies, rules, and regulations therein. Yes \_\_\_ No \_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_