



Celebrating 75 Years

First Presbyterian Weekday School

"Learning that starts in the heart."

Winchester, VA – 116 S Loudoun Street – (540) 662-7588

Registration Form 2024-2025 – Student Information

First Name	Middle Initial	Last Name	Name Used	Gender	Date of Birth:
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Street Address	City	State	Zip Code
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Parent Information

Parent Name	Home Phone	Cell Phone	Address, if different from child
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Email Address (required)	Parent's Employer and Phone
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Parent Name	Home Phone	Cell Phone	Address, if different from child
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Email Address (required)	Parent's Employer and Phone
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Custody Arrangement in place? YES NO	If yes, please make an appointment with office staff to provide legal documents.
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Release Information

Individuals AUTHORIZED to pick up your child (place names in space)

Individuals NOT AUTHORIZED to pick up your child (place names in space) Please attach appropriate paperwork such as a divorce decree if a parent is not allowed to pick up child (32-05-252/6)

Emergency Information

Medical condition, allergies, food intolerances, etc. (Write NONE if 'not applicable'.)

Does your child take any medications regularly? If YES, please list.

Child's Physician	Phone Number
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Name of emergency contact 1 (other than parent)	Home Phone	Cell Phone
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Name of emergency contact 2 (other than parent)	Home Phone	Cell Phone
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Name of Insurance Company	Policy Number	Insured's Name
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Has your child been exposed to NUT products? YES NO

Has your child been STUNG by a bee? YES NO

