



Heritage
CHRISTIAN SCHOOL

Preschool through 12th grade
507 Park View Drive Eldridge, IA 52748 ph: 563-285-9382
www.heritagechristian.us fax: 563-285-9343

Registration Form
2011-2012 School Year

Date _____ Student's Name _____

Birthdate ___/___/___ Age _____ Grade Fall 2011 _____

For Kindergarten, please check which applies: ___ 1/2 day a.m. K ___ full-day K

For preschool and pre-K please check which applies: ___ 2 day a.m. Pre-school ___ 3 day a.m. Pre-K ___ 3 day full-day Pre-K

Parent's Name _____
Father Mother

Address _____ City _____ State/Zip _____

Home Phone _____

Cell Phones: Father _____ Mother _____

Father's Workplace _____ Phone # _____

Mother's Workplace _____ Phone # _____

E-Mail Address _____

School District where you reside _____

Emergency contact person if school is unable to contact parents:

| Name | relationship to child | telephone |
|------|-----------------------|-----------|
|------|-----------------------|-----------|

_____ I give permission to Heritage Christian School to publish my home address and
(initial) phone number in the school directory.

_____ I give permission to Heritage Christian School to publish my email address in the
(initial) school directory.

_____ I give permission to Heritage Christian School to publish my cell phone number(s) in
(initial) the school directory.