

**REGISTRATION FORM – W.B. ELEMENTARY**      DATE \_\_\_\_\_ GRADE \_\_\_\_\_

Name of Student \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Age \_\_\_ Birth Date \_\_\_\_\_  
(include middle name)

Address of Pupil \_\_\_\_\_  
Mailing Address – P.O. \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

**PARENTS**      **E-Mail Address** \_\_\_\_\_ **- Mom**

*Please write legibly*

**E-Mail Address** \_\_\_\_\_ **- Dad's**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_ Father's Address \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

**BROTHERS** (*Name & Birth Date*)    **SISTERS** (*Name & Birth Date*)    **STEP-PARENT**  
(*If residing with child*)

\_\_\_\_\_

**STUDENT LIVES WITH:** (check appropriate boxes)

Mom     Dad     Stepmom     Stepdad     Other (*please specify*) \_\_\_\_\_

In the event of illness, whom shall we call? \_\_\_\_\_ Phone \_\_\_\_\_

Alternate to contact in event above cannot be reached \_\_\_\_\_ Phone \_\_\_\_\_

WHERE SHOULD YOUR CHILD GO IF AN EMERGENCY WOULD CLOSE SCHOOL EARLY!

\_\_\_\_\_

May the school provide the above information regarding address and phone numbers to room mothers, directory, etc.     Yes       No

May we use your child's picture for the website or newspaper?     Yes     No

**Field Trips** - From time to time we will be taking educational field trips in the surrounding area. We would like to have you sign this to indicate your permission for the entire year. You will be notified before each trip.      Parent's Signature \_\_\_\_\_

**PLEASE CHECK (optional) RACE:**     White       Hispanic       Asian  
                                                          American Indian       African American

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**FOR OFFICE USE ONLY:**    Teacher \_\_\_\_\_      Student Lunch # \_\_\_\_\_

(Please fill out the health update form also)

WILLIAMS BAY ELEMENTARY SCHOOL  
FEE FORM  
4-K

Parents,

We are asking that you fill out **one fee form for each child** you have attending Williams Bay Elementary School. **For those of you who have more than one student in the elementary you may write one check.** Just attach the check to all forms. Please fill out the form below and return it along with payment.

PLEASE USE ONE FORM FOR EACH CHILD!

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Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

**SCHOOL FEES**

-- \$15.00 per year \_\_\_\_\_

**TOTAL** \_\_\_\_\_

*Checks can be made out to: Williams Bay School*

***PLEASE RETURN THIS FORM WITH PAYMENT ATTACHED!***

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FOR OFFICE USE ONLY:

Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_

"FEES 4-KINDERGARTEN"  
(WORD )