



Mainland Christian School  
Mainland Christian Child Care Center

3210 I-45 North  
Texas City, Texas 77591  
Phone: 409-986-4418 Fax: 409-986-4322

PLEASE PRINT OR TYPE (to be completed by parent/guardian)

School Year: 20\_\_--20\_\_ Grade Level: (circle one) K-5 1 2 3 4 5 6 7 8 9

Student's Name: \_\_\_\_\_ PHONE \_\_\_\_\_

Goes By: \_\_\_\_\_ Last First Middle Birth-date: (m/d/y) \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_/\_\_\_/\_\_\_ Sex: M F (circle one)

Mailing Address: \_\_\_\_\_ Address/Street (apt. #) City State Zip

May we publish your name, address and phone number in a School Directory? Yes \_\_\_ No \_\_\_

PARENT/GUARDIAN INFORMATION

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

Address (if different): \_\_\_\_\_ Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Pager/Cellular: (if any) \_\_\_\_\_ Pager/Cellular: (if any) \_\_\_\_\_

Student lives with: (check all that apply)

\_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_

Names of brothers and/or sisters age school grade  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT (If parents cannot be reached):

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Special Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

Will your child need BEFORE SCHOOL CARE \_\_\_\_\_ and/or AFTER SCHOOL CARE \_\_\_\_\_?

Persons who may pick this child up from school: \_\_\_\_\_

Persons who are specifically RESTRICTED from picking up this child from school: \_\_\_\_\_

**CHURCH MEMBERSHIP:**

Family Membership at \_\_\_\_\_

Members for how long \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My family attends services: ( ) 2-3 times per week ( ) Once a week ( ) Once a month ( ) Other