

15 12th Avenue Northeast Watertown, South Dakota 57201 Phone: (605) 882-0949 Fax: (605) 882-5935 Email: wcsoffice@watertownchristianschool.com



	Family Name:			
🗆 Father's Name:			Cell Phone:	
Address:		First	City / State / Zip:	
E-mail Address <u>:</u>				
Occupation:	Employer: _		Employer Phone/Work Nu	mber:
□ Mother's Name:			Cell Phone:	
Same as above	Last	First	City / State / Zip:	
E-mail Address <u>:</u>				
Occupation:	Employer: _		Employer Phone/Work Nu	mber:
Name			e WCS communication. MAIL	
**We, WCS, use the R communicate. We high the office for help.	emind App to community recommend that y	unicate di you join, †	rectly with families (SMS messagin to join either follow the form in the	g); it is the fastest way to enrollment packet or stop in
Referred to WCS by:	l			
Church you are pres	ently attending: _			Member: YES / NO
Areas of church invo	olvement (current/	past):		
FOR SCHOOL USE O		••••		
Registration paid	: Yes or No (please c	ircle)	Date:	

Grandparents Day (usually Name:	• •	
Address:	Address:	Address:
City/St./Zip:	City/St./Zip:	City/St./Zip:
funded with donations and through f Christian School <u>requires</u> * each Jur school year, and each K through 8th valuable for everyone, and you may *A buy-out option can be chosen for result in the difference billed ba	ol covers only 40% of the overall fundraising events. In an attemp nor Kindergarten <u>family</u> to partic grade <u>family</u> to participate in at not have time to help with fundr \$250 (Jr. K only) and \$500 (K-8 bck to families. To the many far	I cost of education per student; the remainder is t to keep tuition as low as possible, Watertown ipate in at least 10 hours of service throughout the least 20 hours of service. We realize that time is raisers; we respect that here at WCS. The grade). <i>Failure to complete the hours will</i> milies who go above and beyond this each year, we without your efforts. INITIAL:
WCS tuition will be the financial resp	oonsibility of:	
FatherMotherStepfather	StepmotherGrandfather	_GrandmotherOther (Please Specify)

Information of responsible person:	Address is the same as first	page/primary parent(s)		
Name	Street	City	State	Zip

STATEMENT OF FAITH

~We believe that the Scriptures of the Old and New Testaments are inspired by God and are without error in their original text; Scripture is the supreme and final authority in faith and life.

~We believe in one God, eternally existent in three Persons: Father, Son, and Holy Spirit.

~We believe in the deity of our Lord Jesus Christ.

~We believe in His virgin birth, His sinless life, His miracles, and His atoning death on the cross. We believe in His resurrection and ascension to the right hand of God the Father and that He will return as He said, at which time He will judge the living and the dead.

~We believe that man was created by God and in His image.

~We believe that God has an eternal plan for every person.

 \sim We believe that man sinned, thereby incurring both physical and spiritual death. We believe that all human beings are born with a sin nature.

 \sim We believe that we are saved by God's grace alone through faith in Jesus Christ and He willingly suffered in our place on the cross.

~We believe in the resurrection of the saved to eternal life, and the resurrection of those who chose not to believe in Jesus Christ to eternal separation and condemnation.

Parent/Guardian Signature	Date
Parent/Guardian Signature (One signature is needed)	Date