

BETHEL BAPTIST CHRISTIAN SCHOOL Registration Form 2019-2020

Please print clearly using black ink. Please fill out as much information as possible.

Date: ___ / ___ / 20__

Student Information

Last Name

First Name

Middle Name

_____-_____-_____
Social Security Number

Street Address

City

Zip Code

_____/_____/_____
Date of Birth (mm/dd/yyyy)

Grade Entering

Age

Last School Attended (Bethel included)

Grade Average

Male/Female

(____)_____-_____
Telephone Number

List Allergies and/or Prescription Medications Taken by Student

K4 K5 1 2 3 4 5 6 7 8 9 10 11 12
(Circle grades attended at Bethel)

Family Information

Please check if parents are separated and include an additional address below.

Father

Mother

Street Address

City

Zip Code

Father's Last Name

Father's First Name

Email Address

Father's Employer

(____)_____-_____
Work Phone Number

(____)_____-_____
Home or Cell Phone (please circle one)

Mother's Last Name

Mother's First Name

Email Address

Mother's Employer

(____)_____-_____
Work Phone Number

(____)_____-_____
Home or Cell Phone (please circle one)

Other Children Attending Bethel:

Name

Grade

Name

Grade

Name

Grade

Emergency Information for medical decisions and child pick up if you are unreachable.

These names should not include parents' names.

Name

(____)_____-_____
Home Phone Number

(____)_____-_____
Cell Phone Number

Name

(____)_____-_____
Home Phone Number

(____)_____-_____
Cell Phone Number

Names of people who may NOT pick up your child from school

Financial Information Place an "X" in all the applicable blanks.

I would like to: _____ pay my yearly tuition in full (before August 1, 2016)

_____ be placed on the 10-month payment plan for August-June School Year
(Payments are made August 1 – May 1)

Statement of Cooperation

(Please read and initial to the left of each article)

- _____ I understand that the policy of the school is to make **no refunds on registration fees**
- _____ I have read the financial information for Bethel Baptist Christian School and agree to cooperate with these standards to the fullest extent
- _____ I agree to give the school **a minimum of 30 days written notice** prior to the removal of my child, otherwise forfeiting that month's payment
- _____ I give permission for my child to take part **in all school activities**, including sports and school-sponsored trips away from the school premises.
- _____ I give permission for the school **to use my child's photograph** in the school yearbook and for school promotions
- _____ I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. Please provide ***both*** signatures below, if possible
- Failure to remain current with your school financial obligations may result in removal of your child from school and school activities

Father's Signature

Date

Mother's Signature

Date

Child Pick Up Information

In the event that you need to send someone to take your child home from school, your child will ONLY be released to those adults (other than the parents) whom you list below. Your child WILL NOT be released to anyone that is not listed regardless of their relationship to you or your child. **In the event of a disaster, school will not be dismissed.** Children will remain under the supervision of the school and will be provided for according to our emergency operational procedures. They will be released to the parents or the people listed below.

Print the names (**excluding parent listed on the front**) of authorized individuals only:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please **list any medical conditions** that the school should be made aware of in case of extended care.
