

BETHEL BAPTIST SCHOOL Registration Card 2020-2021

ACCT # _____

Please print using black ink.

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 _____ Grade Average _____ Gender (M/F) _____ Student's Telephone Number _____

Student's Email Address _____

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

List Allergies and/or Prescription Medications Taking _____

Teacher (office use only)

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

Father's Employer _____ (_____) _____ - _____ Work Phone Number _____ Email Address _____

Mother's Last Name _____ Mother's First Name _____ (_____) _____ - _____ Home or Cell Phone (circle one)

Mother's Employer _____ (_____) _____ - _____ Work Phone Number _____ Email Address _____

Other Children Attending Bethel:

Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____

Emergency Information for medical decisions and child pick up ***if you are unreachable.*** (English speaking please)

These names should NOT include parents' names.

Name _____ (_____) _____ - _____ Work Phone Number _____ (_____) _____ - _____ Home or Cell Phone Number _____

Name _____ (_____) _____ - _____ Work Phone Number _____ (_____) _____ - _____ Home or Cell Phone Number _____

Name _____ (_____) _____ - _____ Work Phone Number _____ (_____) _____ - _____ Home or 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 July 10, 2020)

_____ be placed on the 10 month payment plan for September-June School year
(Payments are made August 1 - May 1)My child will be: Full Day _____ OR Daycare: am _____ pm _____ both _____
8 am - 3:15 pm 7 am - 3:15 pm 8 am - 6 pm 7 am - 6 pmR _____ T _____ DC _____
(office use only)

Read and complete information on reverse side.

Staff Initials _____

Statement of Cooperation (Please read and initial to the left of each bullet point.)

- _____ ♦ 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 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, or any daycare changes, 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 parents 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.

Office Use Only

Released to _____ Date _____ Time _____

Destination _____ (_____) _____ - _____
Phone Number

Released by _____

First Aid/Medical Treatment Rendered: _____