Growing Like Jesus	A Ministry of First Ur 12700 Padge Bayou La B 251-30	Christian School ited Methodist Church tt Switch Road atre, Alabama D6-1016 istration Form	Office Use Only
Christian School)~2021	
Date:		Grade	e to Enter:
Student's Name		Date of B	Birth:
Student's Name	First Sex:	Age (by Sept	t. 1st):
Parents Names: (With whom the c	hild lives)	Name:	
Name:		Mailing Address:	
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	City: State:	
City: State:	Zip:	Phone Number:	
Phone Number:		E-mail:	
E-mail:		Father's Information	
		Social Security Number:	
Father's Information		Cell Phone: Work	Phone:
Social Security Number:	- D1	Driver's License Number:	
Cell Phone: Work	C Phone:	Employer:	
Driver's License Number:			
Employer:	·····	Mother's Information	
Mother's Information		Social Security Number:	 Dl
Social Security Number:		Cell Phone: Work	
Cell Phone: Work	c Phone:	Driver's License Number:	
Driver's License Number:		Employer:*If there is a custody issue where a biological	narent can not nick up a child the
Employer:		school must have a copy of the court orders or	n file.

Co-Sponsor: (If joint custody is involved)

EMERGENCY CONTACT INFORMATION: The following people will be contacted if the above named people can not be reached should an emergency arise and your child needs to picked up from school.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

AUTHORIZED TO PICK UP STUDENT

NOT AUTHORIZED TO PICK UP STUDENT

*The following people are not allowed to pick up my child.

*The following people may pick up my child without prior consent.

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

STUDENT INFORMATION

Name Student Goes By:			Right or Left Handed:		
Allergies or Medical Con	cern:				
Are there any physical lin	nitations that wo	ould inhibit participatio	on in physical activit	y? Please explain:	
Any special needs?					
Church family attends:			Attend Sunda	y School: Yes or No	
Circle one: We atte	nd regularly.	We attend occasion	nally. W	e do not attend church.	
Has student made profess	ion of faith?	Yes or No	Has student been be	aptized? Yes or No	
Before and After School Will student be picked up	in car line or ne	ed after school care?			
How often will student ne	ed after school	care?			
Will student need before s	school care? Yes	s or No What the	ne will student be di	opped off (after 6:30a.m.)	
				ram at Beacon of Hope Christ e paid weekly in order to use t	
Parent's Signature		Ī	Date		
		Medica	I Release		
liability to the school, the event hospitalization is co be made to reach the above	doctor named h onsidered necess ye listed persons	gency, and the school erein or the doctor or ary the hospital most before this authority i	is unable to contact emergency service n easily accessible will is used by the school		called. In the ery effort will
Child's Doctor:		Phone:	(Chart Number:	
Parent's Signature		Ī	Date		
I assume all financial resp	oonsibility for m		davit ion and fees at Beac	on of Hope Christian School a	and understand
that: 1. Tuition is due 2. A \$30.00 late 3. Report cards v 4. Tuition payme 5. Transcripts wi	on the 1st of each charge will be a vill be held until ents that exceed	ch month, beginning A dded to my account do all accounts are curre 60 days delinquency y	August and the final elinquent after the 10 ent. will be cause to have	payment is due May 1st.	chool.

Tuition and fees must be paid by check, money order, cashier checks, or exact cash.

Signature

Date
Statement of Cooperation

It is my understanding that the policy for the school is to make no refunds on registration, supplies, activity, or operational fees. Testing fee is NOT refundable. Registration cancellation must be made before the start of school; if not I am responsible to pay the first month's tuition. I shall also abide by the disciplinary policies and regulations as set by the administration. Beacon of Hope Christian School is NOT SACS accredited.

Signature

Date

A current immunization form, birth certificate, and child's social security card must be on file in the school office.