



**STUDENT INFORMATION**

Name Student Goes By: \_\_\_\_\_ Right or Left Handed: \_\_\_\_\_

Allergies or Medical Concern: \_\_\_\_\_

Are there any physical limitations that would inhibit participation in physical activity? \_\_\_\_ Please explain: \_\_\_\_\_

Any special needs? \_\_\_\_\_

Church family attends: \_\_\_\_\_ Attend Sunday School: Yes or No

Circle one: We attend regularly. We attend occasionally. We do not attend church.

Has student made profession of faith? Yes or No Has student been baptized? Yes or No

**Before and After School Care Information**

Will student be picked up in car line or need after school care? \_\_\_\_\_

How often will student need after school care? \_\_\_\_\_

Will student need before school care? Yes or No What time will student be dropped off (after 6:30a.m.) \_\_\_\_\_

If my child is not picked up by 3:10p.m. they will be placed in the after school program at Beacon of Hope Christian School, and I will be charged the appropriate extended care fees. Extended care fees must be paid weekly in order to use this service.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medical Release**

I understand that in the event of any emergency, and the school is unable to contact me or the persons named above, without liability to the school, the doctor named herein or the doctor or emergency service most quickly available will be called. In the event hospitalization is considered necessary the hospital most easily accessible will be used. I understand that every effort will be made to reach the above listed persons before this authority is used by the school.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Chart Number: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Affidavit**

I assume all financial responsibility for my child/children's tuition and fees at Beacon of Hope Christian School and understand that:

1. Tuition is due on the 1st of each month, beginning August and the final payment is due May 1st.
2. A \$30.00 late charge will be added to my account delinquent after the 10th of the month.
3. Report cards will be held until all accounts are current.
4. Tuition payments that exceed 60 days delinquency will be cause to have the student dismissed from school.
5. Transcripts will not be forwarded to other schools following transfer or withdrawal until all accounts in school and extended care are paid in full.

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.**