

Application of Admission

FILL IN ALL BLANKS—ONE FORM MUST BE SUBMITTED FOR EACH STUDENT

(Please Print)

Student Name : _____ Nickname: _____

(First) (Middle) (Last)

Circle One: Male Female Birth Date: _____ Birthplace: _____

Home Phone: _____ - _____ - _____ Home Address: _____

City: _____ State: _____ Zip: _____ E-Mail Address _____

Ethnic Origin/Race: _____ (For Government Statistical Reports Only)

Family Members

Father's Name: _____ Mother's Name: _____

Step-Mother (If applicable) _____ Step-Father (If applicable) _____

Who does child live with? _____

First Contact (Parent/Guardian Only)

First Contact Name _____ Relationship to student: _____

Custody? **Y N** Same address as student **Y N** (If **NO** then list below) Email _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact's Employer _____ Position _____

Second Contact (Parent/Guardian unless none available)

Second Contact Name _____ Relationship to student: _____

Custody? **Y N** Same address as student **Y N** (If **NO** then list below) Email _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact's Employer _____ Position _____

THIRD CONTACT (we are required to have three contacts per child in case of emergency)

Title _____ Name _____ Relation to student _____

Same address as the student? **Y N** (if no then list below) E-mail _____

address _____ City _____ State _____ Zip _____

Work Phone: _____ - _____ x _____ Employer _____ Position _____

Cell Phone _____ - _____ - _____ Home Phone _____

MEDICAL INFORMATION

Doctor's Name _____ Phone number _____

Does the school have permission to call the student's doctor? **Y N**

List any disabilities the school should be aware of: _____

List any medical comments or medical alerts: _____

Insurance Company _____ Policy # _____

By signing below, you are stating that this information provided in this enrollment packet is true and correct to the best of your knowledge.

Parent/Guardian Signature

Date of Application



Mission Statement

Building the Church,
by Building Community,
by Touching Lives

The Mission of Baymeadows Baptist Church, Christian Academy and Preschool is to reach people with the gospel of Christ, to train Christ followers through the teaching of God's Word and to impact our community and world for the cause of Christ through life changing ministry.

We are committed to providing ministry that nurtures an atmosphere of Godliness and Holiness and gives all a desire to know God in a more personal way.

Through our Academic Ministry we will strive to provide a Quality Christian Education that promotes the highest standards for learning while training both children and adults in the Biblical Principles that will be the foundation for living a life pleasing to God.

The Admissions Process

Completed Application Received, which includes:

1. Application
2. Enrollment Form
3. Enrollment Fees
4. HRS 3040 Student Health Exam
5. HRS 680 Florida Certificate of Immunization
6. Copy of Birth Certificate
7. Influenza Information Form

Admissions Policies and Procedures

Application:

All applicants must complete an application and submit all required documents, including the non-refundable application fee. Incomplete applications will not be accepted.

Contract Terms:

An enrollment contract is required to be signed by the financially responsible parent or guardian of the student attending Baymeadows Christian Academy. The terms are to include, but are not limited, to the following:

- All policies, rules, and regulations stated in the student handbook must be followed.
- The financially responsible parent or guardian is responsible for making the payments according to the plan selected AND through Tuition Express.
- All fees and Tuition are non-refundable in the event of withdrawal or dismissal.

Statement of Non-discrimination

Baymeadows Christian Academy and Preschool admits students of any race, color, ethnicity to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

Campus Security

Baymeadows Christian Preschool is very concerned about the safety and security of your child while on campus. The front office (located in the gymnasium building) is the only entrance and exit for drop off and pick up. Please sign your child in and out each day.

Preschool Discipline Agreement

Child's Name _____
UPON CONSIDERATION OF OUR REQUEST TO ENROLL OUR CHILD NAMED ABOVE, WE THE UNDERSIGNED, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:
1. Our permission is granted to the Preschool Director, teacher and workers to exercise discipline in accordance with the following measures:
* Time Out
* A Privilege taken away such as: play time or activity time or putting their head down on the desk.
2. We understand that if the above measures are not successful, we will be called to the Preschool to discipline our child personally, or remove our child from the school for that day.
3. We also understand that if the misbehavior problem continues, and cannot be resolved, our child is subject to be expelled from Baymeadows Christian Preschool.
4. Realizing that the success and harmony of the operations of the preschool depends upon and requires the combined efforts of the teachers, students and parents toward the spiritual and academic achievement of our child to be obedient, respectful and cooperative.

We authorize Baymeadows Christian Preschool to use and reproduce any and all photographs, audio or video tapes which BCA takes of my children and any family members that may be produced for school literature, website, advertisements or promotional purposes, without any form of compensation. The foregoing shall remain property of Baymeadows Christian Preschool sole and completely.

(If neither is selected, "Yes" will be entered.)

YES or NO

Lunch Agreement

I understand that if for any reason my child cannot or does not wish to eat the lunch provided by the Preschool, it is my responsibility to send a lunch from home. The Preschool does not prepare meals according to specific dietary restrictions. All lunch plates will be served according to our posted menu.

_____ Initials

Statement of Faith

We Believe: The Bible is the Word of God and is Inspired, Inerrant, and Infallible. It is the Final Authority for our Faith and Life (II Timothy 3:16,17). The Trinity of the Godhead and that God exists eternally in three persons, The Father, The Son, and The Holy Spirit each being equally and completely God. (John 14:10, 13, 26) The Deity of Christ who is the virgin born Son of God, God incarnate in man, part of the God head, Sinless and Perfect, sent from Heaven to shed His blood on the Cross to pay the price of man's sin through His Death, Burial, and Resurrection. (John 1:1, II Corinthians 5:19-21) The Holy Spirit is the person of the Godhead given to man to convict of sin and unrighteousness, indwells the believer in Jesus Christ and works to comfort us, to be our teacher and illuminate God's Word in our hearts. (John 16:7) Salvation comes only by placing my faith in the work of Jesus Christ, the Blood He shed to pay the price of my sin and His forgiving Grace and Mercy by asking Him to forgive my sin and by my Lord and Savior. There is no salvation in any other one. (Ephesians 1:7, Romans 10:13) Eternal Security of the Believer at the time of salvation through Jesus Christ, and that we are kept by God's power and are secure in Christ forever. (John 6:37-40) Man's Sinful Nature passed to all men through Adam's sin in the Garden of Eden, condemning man to an eternal separation from God apart from the saving work of Jesus Christ being received. (Romans 3:23). The Church is the Body of Believers in Christ, established by Jesus Christ for the furtherance of His Word and Work through gatherings of Local Groups of Believers, given authority for Water Baptism and The Lord's Supper, and Commanded by Christ to Evangelize and Disciple others for Him. (I Corinthians 12:12-14, Matthew 28:19-20, Acts 2:41-42).

We as parent(s)/ guardian(s) understand this policy and agree to have our child/ children taught these beliefs.

Signature of Parent/Guardian

Date

Authorized Pickup Information

I hereby give my permission to the following persons to pick up my child from this school. A Picture I.D. will be requested for those picking up students.

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

COMMITMENT LETTER

We are pleased to confirm our commitment to Baymeadows Christian Preschool for the child listed below to attend the upcoming/current school year. It is our commitment as parents, guardians, or financial obligor, to pay the tuition costs, book fees, enrollment fees, and all other fees that might apply to my child's education at Baymeadows Christian Preschool.

CHILD'S NAME _____ DOB _____

We hereby acknowledge the following requirements with regard to payment of fees:

1. A non-refundable registration fee in the amount of \$ _____ is due and payable upon enrollment of our child.
2. I understand that our tuition payments will be
FULL TIME \$ _____
PRESCHOOL \$ _____
BOOK FEE \$ _____
3. I understand that if our child is enrolled in "Preschool only": this entitles us to use only those days that school is in session. (No holidays, planning days, etc.)
4. I understand that payment is required whether or not our child is in attendance, with the following exception:
A. If our child is enrolled in a "FULLTIME" program and has attended for three months, we are entitled to one week vacation per year (in which the child is not in attendance) and payment is not required during that week. Vacation time may not be rolled over from one year to the next or taken in advance. Advance written notice must be given to the front office on which week will be taken. No vacation will be given to "PRESCHOOL" programs.
6. I understand that if and when our account becomes one month delinquent and we have failed to contact the administration to make payments, our child is subject to be expelled from Baymeadows Christian Preschool. At the discretion of our financial department, any unpaid accounts will be reported to our collection agency and the national credit agencies.
7. Please circle the desired extended care program (each segment needed) below.
7:00am-8:30am 12:00pm-3:00 pm 3:00pm-6:00pm

Parent/Guardian's Signature _____ Date _____ For Notary Only

State of Florida County of Duval
Sworn to and subscribed before me this ____ day of _____, 20_____, by _____
Who is personally known to me or who has produced a driver's license as identification, and who did My Commission Expires: _____