



School Use Only	
Reg. Fee	___
Book Fee	___
Blue Card	___

Bethlehem Christian Academy Registration Form

Child: _____
 First Middle Last Name Used

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Place of Birth _____

Previous School Experience _____ Date of Birth _____

Family Information:

Father's Name: _____ Occupation: _____

Address: _____ Work Phone: _____

Mother's Name: _____ Occupation: _____

Address: _____ Work Phone: _____

Brothers & Sisters:

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

Enrollment Information:

Program:

- | | |
|-----------------------------|------------------------------------|
| _____ 5 th Grade | 8:00 – 2:30 Monday - Friday |
| _____ 4 th Grade | 8:00 – 2:30 Monday - Friday |
| _____ 3 rd Grade | 8:00 – 2:30 Monday - Friday |
| _____ 2 nd Grade | 8:00 – 2:30 Monday - Friday |
| _____ 1 st Grade | 8:00 – 2:30 Monday - Friday |
| _____ Kindergarten | 8:00 – 12:00 Monday – Friday |
| _____ Four Year Old | 8:15 – 12:00 M-F _____ M-W-F _____ |
| _____ Three Year Old | 8:15 – 12:00 M-F _____ M-W-F _____ |
| _____ After-School Care | From Bethlehem Christian Academy |
| _____ After-School Care | From Madison County Schools |

Agreement:

We understand Bethlehem Christian Academy has taken every precaution for safety of the children. In case of emergency we authorize BCA to get emergency care.

Date: _____ Signed: _____



Authorized person to be called (other than parent) in case of emergency or authorized to pick up child:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Medical:

Child's Physician: _____ Phone: _____

Emergency Hospital Preference: _____

General health of child: _____ Allergies (include food) _____

Are immunizations current? polio___ measles___ dpt___ mumps ___ varicella ___

Does child have any special fears? If so, explain. _____



Bethlehem Christian Academy & After-school Care

(Application/Contract)

A nonrefundable registration fee for that age group is requested to hold your place. This fee assures you that your place will be saved!!! Please complete all forms and return with your registration and book fee. By returning your application and signing all the designated forms, you are hereby agreeing to all the terms stated within this contract. Bethlehem Christian Academy and after-school Care reserves the right to make changes to this contract at any time necessary.

Child's Date of Birth: _____

Child's Name: _____

Preferred Start Date: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Emergency Contact & Phone number: _____

Child's Doctor & Phone number: _____



Travel Authorization

I give permission for my child, _____ age _____, to leave Bethlehem Christian Academy in a car, or public transportation for field trips/events away from school and of course, emergency situations.

Bethlehem Christian Academy will inform me in advance of field trips.

Signature of Parent(s)

Date

Parental Responsibilities

INFO ON CHILD TO BE FILED BEFORE FIRST DAY OF SCHOOL

1. Provide necessary information on all registration forms and fees.
2. Insure that the child's immunizations are kept up to date, and provide the immunization information and physicians signature as required by state regulations.

TUITION

1. Tuition must be paid on time by the 7th of each month to avoid late charges unless prior arrangements have been made.

COMPLY WITH THE PROGRAM RULES (as specified in Parent Info Section)

1. Deliver and pick up your child within times specified.
2. Keep child home when displaying signs of illness
3. Arrange to get your child promptly if they become ill during school or after school time.
4. Notify school immediately if your child has a communicable disease.
5. Notify school promptly of any changes in attendance.



Bethlehem Christian Academy
& After-school care
1936 Elkwood Section Road
Hazel Green, Alabama 35750
(256) 828-4835

Caregiver's Authorization to obtain medical care

1. I, _____ am requesting enrollment of my minor child,
_____ in Bethlehem Christian Academy and After-school care.
2. I authorize any employee of Bethlehem Christian Academy and After-school care, to make any and all emergency life treating medical decisions and/or authorized all life treating medical procedures recommended by a physician licensed in the state of Alabama with regards to my minor child in the event that I can not be located.
3. The rights and powers given in this Caregiver's **Authorization to obtain medical care**, shall commence upon enrollment in Bethlehem Christian Academy and after-school care.

4. Name of Minor: _____

Minor's Birth date: _____

Please list any allergies or special care needed:

Name of Parent or Guardian giving authorization: _____

Address of Parent or Guardian: _____

Phone number of Parent or Guardian: Home _____ Work _____
Pager _____ Cell: _____

Dated this _____ day of _____, 20____.

Parent or Guardian



Form of Affidavit (Parent or Guardian)

STATE OF ALABAMA
COUNTY OF MADISON

Before me, a Notary Public in and for said state and county, appeared _____ Parent or Guardian and is known to me, after being duly sworn and affirmed as follows:

That affiant is the parent or guardian of minor child _____ and that affiant has been notified by Suzanne Crocker, a representative of Bethlehem Christian Academy and after-school care has filed notice and is exempt under law from regulation by the Department of Human Resources. Said program meets all standards set by the Health Department and Fire Marshall.

_____ Parent/Guardian

Notary Public _____
My commission expires _____