

Office Use Only

Paid \_\_\_\_\_

Date \_\_\_\_\_

**Student Information****Student 1** Full Name \_\_\_\_\_  Male  Female

Name by Which Child Goes \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

**Student 2** Full Name \_\_\_\_\_  Male  Female

Name by Which Child Goes \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

**Student 3** Full Name \_\_\_\_\_  Male  Female

Name by Which Child Goes \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

**Parent Information****Father's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

**Mother's information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

Student(s) live(s) with  Both Parents  Father  Mother  Other \_\_\_\_\_

Describe any unusual home or custody situations:

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## Church Information

Name of Church Family Attends \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Attendance:  Regular  Occasional  Seldom  Never

Bethel Christian Academy operates as a ministry of Bethel Baptist Church. The Academy's two primary goals are 1) to glorify God in making disciples of Jesus Christ, and 2) to assist parents in training their children in the nurture and admonition of the Lord. Accomplishing these goals requires the full support of the parents. By signing this statement, you are pledging your full support of the rules and procedures of Bethel Christian Academy.

Bethel Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the School. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its discipline, education policies, admission policies, or athletic and other school-administered programs.

## Parent Pledge

I certify that this application is correct. By enrolling my child in Bethel Christian Academy, I give permission for my child to take part in regular and special school activities. I pledge my support to the standards of conduct as outlined in the school handbook, including my agreement with the use of corporal punishment as stated in the handbook. I also agree to pay the tuition charges and any other fees associated with school events or policies.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Consent Form

### Medical Emergency Consent for Treatment for the 2018-2019 School Year

In the event of illness or injury, I the undersigned parent/guardian of \_\_\_\_\_ (Minor's name) grant authorization and consent for Bethel Christian Academy to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Bethel Christian Academy to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the State of California. I agree to assume financial responsibility for the expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power to Bethel Christian Academy's representatives, in the exercise of their best judgment, upon the advice of any such medical or emergency personnel.

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

**Medical Concerns** (allergies, prescriptions, regular medications, or existing health conditions that should be known by school officials or that can be conveyed to medical or emergency personnel):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you give permission for the School to administer Tylenol (Acetaminophen) for minor pains (e.g. simple headaches or menstrual cramps)? Yes \_\_\_\_\_ No \_\_\_\_\_

**In the case of an emergency or otherwise, my child may be released to the following people:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_