

**FIRST BAPTIST SCHOOL
2009-2010 REGISTRATION**

**Chris Verburgt, Principal
Sharon St. Peter, Director**

Child's Name _____ Goes by _____ Gender: M ___ F ___

Birth Date: ___/___/_____ Age of Child as of September 1, 2009: ___ yrs. ___ months **Entering** ___ **grade**
Circle Choice: School Only School and After-school Care

Date of admission to First Baptist School (Plan to start date) _____

Has your child ever been in school before? ___ Where? _____ Grade completed as of August 2009: _____

Mother's Name _____ Home Address _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____ E-mail _____

Mother's Occupation _____ Employer _____ Work Phone _____

Father's Name _____ Home Address _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____ E-mail _____

Father's Occupation _____ Employer _____ Work Phone _____

Custody:

Joint ___ Mother ___ Father ___ Other: _____

Name Address Telephone

Relationship to child

Person responsible for tuition payments: _____ Phone _____

Address if different from above _____

In case of an emergency in which the parents cannot be reached, please call: (We must have at least three) In the event a parent cannot pick up the child after school, the following persons are authorized to do so.

(1) _____
Name Relationship Home Phone Cell/Work Phone Address

(2) _____
Name Relationship Home Phone Cell/Work Phone Address

(3) _____
Name Relationship Home Phone Cell/Work Phone Address

(4) _____
Name Relationship Home Phone Cell/Work Phone Address

May NOT Pick Up/Restricted: _____
(For custodial, legal, or court restrictions, First Baptist School must have official documents on file.)

Transportation Check all that apply: I hereby ___ give ___ do not give - consent for my child to be transported & supervised by the facility employees: ___ for emergency care ___ on field trips ___ to & from home ___ to & from school

Field Trips Check all that apply: I hereby ___ give ___ do not give - consent for my child to participate in Field Trips or other planned trips away from the facility conducted and supervised by FBS facility staff.

Parent's comments:

Water Activities Check all that apply: I hereby ___ give ___ do not give - consent for my child to participate in Water Activities. ___ sprinkler play ___ water slides/splashing pools ___ swimming pools ___ water table play

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

My child's Physician: _____ Address _____ Phone _____

Or if necessary, to the following Emergency Medical Care Facility: **Driscoll Hospital 3533 S. Alameda, Corpus Christi, TX 78411** (Phone 694-5000)

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Responsible Party _____ Date _____

Please list any special problems that your child may have:

Allergies and/or existing illness _____

Medications for long-term use _____

Surgeries/major medical procedures _____

History of major illness, injury, or hospitalizations during the last 12 months: _____

Church Affiliation: Mother _____ Member? Yes No Father _____ Member? Yes No

Health Requirements

Child's Name _____ Birth Date _____

I have provided the school/childcare facility with a **copy of my child's most current immunization record**, which has the signature or stamp of a physician or public health personnel verifying immunization information.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. **If your child has had chickenpox, please complete the statement:** My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's Signature: _____ **Date:** _____

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Admission Requirement: One of the following must be presented when your child is admitted or within one week of admission.

Please check only one option:

1. _____ Health-care Professional's statement: I have examined the above named child within the past year and find that he/she is able to take part in the school and daycare program.

Health Care Professional's Signature _____ **Date** _____

2. _____ A signed and dated copy of a health care professional's statement is attached.

3. _____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. _____ My child has been examined within the past year by a health care professional and is able to participate in the school/daycare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the school office.

Name and address of health care professional: _____

Parent or legal guardian Signature: _____ **Date** _____

[For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm]

Before and After-School Care and Holiday Day Care

During Holiday Day Care, students may bring or purchase their lunch and a morning and an afternoon snack will be served. Snacks are included in the tuition. Afternoon snacks are served daily during after-school care. My child will **normally** stay for after-school care on the following days:

_____ Monday: Pick-up time: _____

_____ Tuesday: _____

_____ Wednesday: _____

_____ Thursday: _____

_____ Friday: _____

Release of Media Authorization

During specific events and activities, pictures or video may be taken of the children.

Initial if you approve the release of your child's photo by First Baptist School for the purpose of...

_____ Newspaper _____ Brochures _____ Television _____ Website

Child's Name _____ Age _____

Parent Signature _____ Date _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

**FIRST BAPTIST SCHOOL
PARENT CONTRACT 2009-2010**

As the parent/guardian of _____, I hereby make agreement to enroll my child in First Baptist School and abide by the following provisions of this contract.

It shall be the policy of First Baptist School to use positive disciplinary methods and to promote appropriate behavior through the use of positive affirmation. The goal of the school shall be to promote a positive attitude in our students and develop high self-esteem, Biblical and personal responsibility for behavior and excellent interpersonal relationship skills that will benefit the student throughout life. I will be kept informed of persistent misconduct and will participate in the school's effort to remedy my child's misbehavior as needed.

Registration is payable in full at the time of registration and the registration and educational materials fees are non-refundable. It is understood that the monthly tuition is due in full on the first of each month. I also understand that a delinquent fee of \$25.00 will be assessed to my account if tuition is not paid in full by the **5th** of the month by 6:00 p.m. **If monthly tuition and late fees are not paid in full by the 15th day of the month, the student will be unable to return to school on subsequent school days until all amounts are paid in full. If not paid in full in a reasonable length of time, the account will be turned over to a collection agency, which will incur additional fees.** In every case of withdrawal, tuition is payable to the end of the month in which the child is withdrawn. My child's records may be transferred upon payment of tuition balance of the last month of attendance. Neither credit nor refund is granted for a child's absence from school, school holidays or vacations. **Extra daycare charges must be paid by the 5th of the following month that they are incurred. If not paid in full by the 5th, your child or children will not be able to stay for daycare until the balance is paid in full. You will be called to pick up your child. Any outstanding balance over 30 days may result in students' inability to attend school until balance is paid in full.**

Please note: Parents must submit in writing their plans, including dates, for withdrawing a child from FBS. Charges will continue to incur until office personnel receive such notice.

LUNCHES MUST BE PAID IN ADVANCE. If there is a balance due for lunches on the 5th of the following month, your child will not be able to eat lunch in the cafeteria until the balance is paid in full. You will be called to bring a lunch for your child.

I further understand that failing to pick up my child by 6:00 p.m. (**according to the school's clock**) will result in a late pick-up charge of \$1.00 per minute per child, for the number of minutes I am late.

I agree with the school that it is in the best interest of my child when I and the school, its teachers and administrators fully cooperate and communicate. By enrolling my child in First Baptist School, I agree to the following responsibilities:

To have my child in the classroom on time each day.

To meet, as requested, with teachers and school staff at a time mutually agreeable to all concerned.

To cooperate with school staff by allowing my child to participate in all planned activities.

To cooperate with the school in dealing with problems concerning discipline or personal hygiene of my child.

I have been informed of the school's hours of operation, tuition, and registration and supply fee policies. I understand First Baptist School does not practice racial discrimination. I have read and will comply with the above stated policies. I understand that failure to accept these responsibilities could result in the dismissal of my child from the school.

Responsible Party's Signature

Principal's Signature

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Principal's Signature

FIRST BAPTIST SCHOOL
TUITION AND FEES
EFFECTIVE August 2009 THROUGH MAY 2010

First Baptist School (KINDERGARTEN – 8TH GRADE)

(Children must meet age requirement by September 1, 2009)

FEES

Registration fee	\$225.00 (non-refundable)
Registration fee (Beginning 2 nd Semester only)	\$175.00 (non-refundable)
Textbook fee (<u>DUE BY July 31ST</u>) (includes all text books and binder)	
Kinder – 5 th	\$200.00 (non-refundable)
Middle School 6 th – 8 th	\$250.00 (non-refundable)

Pick up school supply list in the school office

Athletic Fee 6 th – 8 th Grade	\$125.00 (non-refundable)
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(who will take part in school athletics, volleyball, basketball, soccer, track)

2009-2010 TUITION

Due By July 31st

	10 monthly payments	annual tuition
School Only - (8:00-3:00pm)	\$410.00	4100.00
Middle School – (8:00-3:30pm)	435.00	4350.00
Before and/or After-school Daycare (7:00 – 7:55 a.m.) (3:00 – 6:00 p.m.)	130.00	5400.00 ES 5650.00 MS
Drop –in Daycare fee (per 3 hours)	9.00	
Late pick-up fee (per minute after 6:00 pm)	1.00	
Holiday Daycare Fee - Full Day	25.00	
Holiday Daycare Fee – Half Day (7:00a.m. – 12:30p.m. or 12:30p.m. – 6:00p.m.)	15.00	
Returned check fee	25.00	
Late tuition payment fee (after the 5th of month)	25.00	

PLEASE NOTE: Snacks are included for afternoon daycare, but lunches **are not** included.

Lunches: Kindergarten – 8th Grade \$70 for 20 meals (\$3.50/meal)

Discounts: (Only one discount may be used on monthly tuition.)

Church member	10%
2nd Child	5%
3rd Child	5%