

ELMWOOD BAPTIST ACADEMY
13100 E. 144th Ave. • Brighton, CO 80601 • U.S.A.
School Office: 303.659.3818 • Fax 720.685.9005
Web site: www.elmwoodbaptist.org

Attach a small
photo here

Please print in pen or type all information.

Child's Legal Name: _____
Last First Middle

Male Female

Usually called _____ Birth date ____/____/____
Month/Day/Year

Address _____
Street City State ZIP

Telephone no. (____) _____ Parent's E-mail _____

Student's Social Security Number ____-____-____ Height: ____ ft. ____ in.

Race: White Black Hispanic Oriental Other _____

Place of birth _____ Citizenship: USA Canada Other _____

Non-USA citizen: Is your child a permanent resident? yes no
If yes, give INS Admission No. _____

Church membership _____ Pastor _____

Church attending (if different) _____ Pastor _____

Has the applicant trusted Christ as Savior? yes no If yes, when? _____
Baptized? yes no

Education

Please list all schools the applicant has attended (include home schooling)

Name of School Address (street, city, state, zip) Grades

Reason for leaving last school attended _____

Has any grade been repeated? yes no If yes, which one(s)? _____

Reason _____

Has applicant been suspended or expelled from school? yes no If yes, please explain:

Has applicant ever been enrolled in a learning disability class? yes no
If yes, which grades: _____

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnosis? yes no If yes, please explain:

Is applicant currently taking any long-term prescription medications? yes no
If yes, please list:

Explain any special medical or physical information or instructions that the school should be aware of:

Family

Father's name _____ Employer(s) _____

Work Phone(____) _____ Cell Phone(____) _____ Social _____ - _____ - _____

Mother's name _____ Employer(s) _____

Work Phone(____) _____ Cell Phone(____) _____ Social _____ - _____ - _____

Please notify in case of emergency (other than parent) _____

Phone(____) _____ Relationship to applicant _____

Does applicant currently live with natural parents? yes no If no, please explain the situation as it now exists: _____

Names of siblings	Age	Grade	School
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STATEMENT OF ACKNOWLEDGEMENT

By registering at Elmwood Baptist Academy, it is my intention to have my child complete the school year. It is my understanding that registration, curriculum charges, and fees are non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I absolve the school from liability to me or to my child because of injury to my child at school or during any school-sponsored activity. I authorize Elmwood Baptist Academy to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Elmwood Baptist Church/Academy from any liability, which might result from such emergency treatment. I agree to encourage my child in learning all phases of the curriculum. I acknowledge that I have received a copy of the *Parental Agreement Form*, that I understand its content, and that I agree to follow the guidelines contained therein.

Signature of parent or guardian _____ Date _____

Elmwood Baptist Academy Financial Information (2010-2011 Academic Year)

*Elmwood Baptist Academy's annual budget is dependent upon student tuition and gifts for operating expenses. All contributions are tax deductible. Tuition payments are **not** deductible.*

Elmwood Baptist Academy appreciates that you desire for your child(ren) to continue their education with us. Please contact the school office with any questions concerning financial information.

Registration fees (non-refundable) - \$ 75.00/student • \$ 50.00/student if paid by March 31st

Payment plans

Plan A: 10 Month Plan (10 month payment plan beginning August 1st and ending May 1st)

	<u>2's and 3's</u>	<u>4's and 5's</u>	<u>1st to 8th</u>	<u>9th to 12th</u>
1ST CHILD	\$374	\$254	\$254*	\$274**
2ND CHILD	\$374	\$204	\$204*	\$224**
3RD CHILD	\$374	\$154	\$154*	\$174**
4TH. CHILD - CURRICULUM FEES ONLY	\$374	\$28	\$30*	\$40**

Plan B: 12 Month Plan (12 month payment plan starting June 1st and ending May 1st)

	<u>2's and 3's</u>	<u>4's and 5's</u>	<u>1st to 8th</u>	<u>9th to 12th</u>
1ST CHILD	\$312	\$212	\$212*	\$229**
2ND CHILD	\$312	\$170	\$170*	\$187**
3RD CHILD	\$312	\$129	\$129*	\$145**
4TH. CHILD - CURRICULUM FEES ONLY	\$312	\$24	\$26*	\$34**

Plan C: Single Payment (Total tuition for year paid in one payment.)

Unpaid balances will be assessed a 5% late fee on the 5th of each month. If unpaid balances are not paid by the 15th of the month, the student will be considered withdrawn, unless prior arrangements have been approved through the Principal's Office.

Optional Fees -

After Care - \$6.00 per day for one child; \$3.00 per day for all additional children in the immediate family up to \$15.00 maximum per day.

Lunch Punch Program - \$32.50 per card for 10 school lunches.

Please complete and return to school office.

We will use payment plan **A** 10 month plan **B** 12 month plan **C** One single payment

Date: ____/____/____ Please print parent name _____

Student name _____

Parent signature _____

**Price includes 5 subjects. Each additional subject will be billed at \$3.50 per PACE or \$42.00 for an elective subject.*

***Price includes up to 7 subjects. Each additional subject will be billed at \$3.50 per PACE or \$42.00 per additional subject.*

Health Forms and Certificate of Immunization

Colorado School Entry Immunizations Law {DRS 1998, 25-4} requires that all children have **proof of immunization** or exemption **prior to school enrollment** or a health card signed by parents if exemption is needed.

It will be necessary to bring your student's health reports as stated above to the office **prior to the first day of school**. No child may be admitted to class until this is completed as required by law.

No staff member will be allowed to administer any medicines without parent authorization in writing by a physician. The medicine must be properly labeled and if we don't receive written authorization, it will be necessary for you to stop by and personally give the medicine. All medicines must be kept and administered at the school office.

NOTE: Teachers cannot be held responsible for carrying out these duties

Statement of Acknowledgement:

I have read and agree with the Immunization and Health Policy of Elmwood Baptist Academy.

Signature of parent or guardian:

Date:

Statement of Faith

We have read and understand the Statement of Faith of the Elmwood Baptist Church and its ministries. We accept fully the Statement of Faith and subscribe to the same.

Church Attendance

Understanding the vital importance of the church and its place in Christian education, we agree to have our child/children in a Bible-believing church each week unless providentially hindered.

Financial Obligation

We have read and understand the financial policies and know the cost of enrolling our child/children in Elmwood Baptist Academy. We accept responsibility for registration, curriculum fees, tuition, school uniforms and any extracurricular fees that may be incurred during the school year.

Handbook

We have read the Elmwood Baptist Academy Handbook and understand that we are responsible for helping our child/children follow school policies as outlined therein.

Special Meetings

We agree to attend the following special meetings:

Parent Orientation and Open House

Parent/Teacher Conferences

End of School Awards Service/Graduation

Signature of Parent/Guardian _____ Date ____/____/____

Dear Pastor,

Elmwood Baptist Academy is a local church school committed to serving God by serving families who desire a Christ-centered education for their children. As a part of the application process, we require all prospective students to have their pastor complete this pastoral reference form.

Please answer the following questions from your knowledge of this student and their family and return this form in the envelope provided. The application process cannot be completed until we receive this reference from you. Thank you for your help.

Applicant's Name _____

How long have you known this applicant and their family? _____

To the best of your knowledge, has the applicant been born again? yes no

Does this applicant attend church faithfully? yes no How many services per week? _____

To the best of your knowledge, have the parents been born again? Father yes no
 Mother yes no

Do the parents attend church faithfully? yes no How many services per week? _____

In which ministries do they serve? _____

Any additional information:

Your Name _____ Position _____

Church _____ Phone _____

Address _____

City _____ State _____ Zip _____

Signed _____

Date ____/____/____

