

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 _____

Grade Applying For: (check one)

- Pre-School (2-3 years of age)
- Advance Pre-School (3 1/2 to 4 1/2 years of age)
- Four Year Old Kindergarten (must be 4 by September 1st)
- Five Year Old Kindergarten (must be 5 before September 1st)

Student's Social Security Number ____ - ____ - ____

Height: ____ ft. ____ in.

Race: White Black Hispanic Asian 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. _____

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_(_____)_____

Mother's name _____ Employer(s)_____

Work Phone_(_____)_____ Cell Phone_(_____)_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 ____/____/____