

EAST BAY CHRISTIAN SCHOOL

2018 – 2019 REGISTRATION FORM

(Please Print)

STUDENT INFORMATION						
Student's First Name:		Middle:	Last:		Suffix:	Preferred Name:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date: / /	Age:	SSN:	Grade Entering:
Child's Address:			City:	State:	ZIP Code:	

PARENT/GUARDIAN INFORMATION						
Father's Name:		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Address (if different than child's):			
Father's Home Phone:	Cell:	Work:	Ext:	Email:		
Father's Employer:	Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Name:		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Address (if different than child's):			
Mother's Home Phone:	Cell:	Work:	Ext:	Email:		
Mother's Employer:	Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY INFORMATION					
Student lives with: (Please check all that apply.) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other:				Parents Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody With:
Do you have a church home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church:	Active Members? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often do you attend? <input type="checkbox"/> Regularly <input type="checkbox"/> Seldom <input type="checkbox"/> Never		

ALTERNATE NUTRITION PLAN AGREEMENT						
I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.						
Indicate Special Dietary Requirements:						
(Mark P for Parent Provides or S for School Provides)						
Breakfast: P	A.M. Snack: P	Noon Meal: P	P.M. Snack: P	Dinner Snack: P	Evening: P	Formula: N/A
The parent's or legal guardian's signature below certifies agreement and compliance with the alternative nutrition plan outlined above.						
Signature of Parent or Legal Guardian:				Date:		

Office Use Only:	<input type="checkbox"/> Physical	<input type="checkbox"/> Immunization	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Testing	<input type="checkbox"/> Shirts	<input type="checkbox"/> CPU Rec	<input type="checkbox"/> Records Req.
	<input type="checkbox"/> Step Up / AAA	<input type="checkbox"/> Reg Fee	<input type="checkbox"/> Book Fee	<input type="checkbox"/> Check: #	<input type="checkbox"/> Cash: Receipt #	<input type="checkbox"/> Mon. Order #	

PREVIOUS SCHOOL INFORMATION

(For New Student Enrollments ONLY)

How did you hear about EBCS?	Referred By:	Is this the first time the applicant has attended any school or homeschool? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Attended:	Last School Address:	Last School Phone:
Reason for leaving last school:	Principal at last school:	Teacher(s) at last school:
Do you have a copy of the applicant's last report card and/or transcript?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been expelled?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever had any encounters with law enforcement or juvenile authorities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant received testing/counseling by a psychologist, psychiatrist, or family counselor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been diagnosed or in a program for a learning disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been in an IEP (Individualized Education Plan) with or without ARD (Admission, Review, Dismissal)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION

(To be completed for ALL applicants)

Please understand that the office staff communicates with parents using a variety of methods.
We will do our best to communicate in a way that is also convenient for you.

Preferred Method of Communication from the Office:

Letters/Memos Phone Email Text In person (car line, etc.)

As evidenced by my/our signatures as the Parent(s) / Guardian(s), I/we acknowledge that I/we have read, understood, and agree to the following conditions for enrollment of the above-named applicant. (Please initial each statement and sign the bottom.)

Initials

_____ I understand that all Registration Fees are non-refundable.

_____ I acknowledge that my child's Book Fees must be paid in full before my child may attend classes at EBCS.

_____ Four tuition payment options are available, from which parents select at the time of registration each year. (Please select one below.)

One payment Two payments Ten monthly payments Nine monthly payments
(Yearly tuition paid in full) (Yearly tuition paid in two payments) (beg. Aug. 1st) (beg. Sept. 1st)

_____ I understand that returned check fees and late payment fees may be added to my account if necessary.

_____ I acknowledge that if my child uses the Extended Care services, I will pay the incurred charges for those fees along with my regular tuition payment each month. If a child is not picked up on time, late fees will be added to my account. (Please indicate your intention for using Extended Care services below.)

Daily (\$150/month/student) Occasionally (\$10/day/student) Never

_____ **Step Up/AAA Students Only:** I realize that Step Up/AAA funds do not cover the cost of Extended Care. If my child uses the Extended Care program, I will be responsible to pay the charges that are incurred.

_____ I realize that I must submit a current copy of my child's Florida Physical form, Florida Immunization Record, and Birth Certificate before my child will be able to attend classes at EBCS.

_____ I give permission for pictures taken of my child at EBCS or EBCS school functions to be used in the school yearbook and/or on the website/promotions.

_____ I have received a copy of the current dress code information and realize that changes may be made to this dress code when I receive the new handbook. I will read the dress code again upon reception of the new handbook.

Father's
Signature: _____

Mother's Signature: _____

Date: _____

Date: _____

