EAST BAY CHRISTIAN SCHOOL

2020-2021 REGISTRATION FORM

(Please Print)

STUDENT INFORMATION						
Student's First Name	Middle:	Last:			Suffix:	Preferred Name:
Gender: ☐ M ☐ F	Ethnicity:	US Citizen? ☐ Yes ☐ No	Birth Date: / /	Age:	SSN:	Grade Entering:
Child's Address:		City:		State:		ZIP Code:

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

FAMILY INFORMATION			
Student lives with: (Please check all that apply.) ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other:		Parent's Divorced? ☐ Yes ☐ No	Legal Custody with?
Do you have a church home? ☐ Yes ☐ No	Name of Church:	Active Members? ☐ Yes ☐ No	How often do you attend? ☐ Regularly ☐ Seldom ☐ 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:	☐ Physical	☐ Immunization	☐ Birth Certificate	☐ Testing	☐ Shirts	☐ CPU Rec	☐ Records Req.
☐ Step Up / AAA	☐ Reg Fee	☐ Book Fee	☐ Check: #	☐ Cash: Receipt #		☐ 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? ☐ Yes ☐ 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?	☐ Yes	☐ No
Has the applicant ever been suspended?	☐ Yes	☐ No
Has the applicant ever been expelled?	☐ Yes	☐ No
Has the applicant ever had any encounters with law enforcement or juvenile authorities?	☐ Yes	☐ No
Has the applicant received testing/counselling by a psychologist, psychiatrist, or family counselor?	☐ Yes	☐ No
Has the applicant ever been diagnosed or in a program for a learning disability?	☐ Yes	☐ No
Has the applicant ever been in an IEP (Individualized Education Plan) with or without ARD (Admission, Review, Dismissal)?	☐ Yes	☐ 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.)

________ 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.

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

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

________ I understand that in the case of my child being withdrawn from school for any reason, I am responsible for the entire tuition of the payment period in which the student was withdrawn.

________ 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 or incurs other fees not covered with the scholarship 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: ______________________

OTHER INFORMATION (CONT.)

Library Loan Agreement: I recognize that as a student of East Bay Christian School, my child has the privilege of borrowing library items from the First Baptist Church/East Bay Christian School Library. Library items are defined as anything borrowed from the library including, but not limited to, books and multimedia items.

Library items may be loaned for up to four weeks, with an initial loan period of two weeks, and the possibility for one renewal for an additional period of two weeks. Fines for overdue items are $.25 per day. Beginning on the 8th day following the due date and accrue to a maximum rate of $5 per book or $10 per multimedia items until the equipment is returned. Borrowers will be prohibited from borrowing any additional materials from the First Baptist church/East Bay Christian School Library until all outstanding items are returned and all fines are paid.

Materials must be returned in good condition. Charges will be applied for damaged materials. At six weeks past the due date, we will consider the item(s) lost and send a letter requesting payment for the replacement of the item(s). Library privileges will be suspended until the item(s) is replaced or until payment is made. Realizing this, we agree to the following:

- Student will not throw, tear, or mistreat library property in any way.
- Student will not give library items that he has borrowed to another person for his use.
- Student agrees to return the book in the same condition as checked out at the conclusion of the two-week loan period.
- Student understands the responsibilities regarding overdue items and the fines are associated with overdue items.
- Student will be responsible for any and all costs associated with the repair or replacement of the library item due to damage beyond normal wear and tear. *Damage beyond normal wear and tear is to be determined at the sole discretion of the Administration.*
- Student understands that any violation of the Library Loan Agreement may result in the loss of privileges to check out library items in the future.

I realize that as a parent/guardian of an East Bay Christian School student, I am expected, to the best of my ability, to help my child uphold this Library Loan Agreement. I agree that we will be responsible for the condition of the library items that we return.

Parent/Guardian Signature Date:

Shirt Order Form: Each child receives three ***short-sleeve*** uniform shirts with the payment of the Registration fee each year. Please order shirts for the applicant listed above using the tables below. If you would like to purchase additional uniform shirts, you may do so at this time or on Orientation evening. Any shirts above the three included with Registration will be billed to the student's account. Additional short-sleeve shirts will be billed at $15/shirt, and additional long-sleeve shirts will be billed at $20/shirt. **Please AT LEAST order the three short-sleeve shirts for Registration on this form.** Please note that there is a short-sleeve and a long-sleeve table. **(Step Up and AAA students on 100% scholarships,** please order ***four*** short-sleeve shirts and ***two*** long-sleeve shirts on this form. You will receive the additional shirts for the year in January.)

SHORT-SLEEVE UNIFORM SHIRTS

	Youth X-Small	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	Adult XXX-Large
White										
Black										
Royal										
Red										
Lt. Blue										
Total										

LONG-SLEEVE UNIFORM SHIRTS

	Youth X-Small	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	Adult XXX-Large
White										
Black										
Royal										
Red										
Total										

JACKETS

	Youth X-Small	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	Adult XXX-Large
Grey										
Total										

EAST BAY CHRISTIAN SCHOOL

2020-2021 MEDICAL AND EMERGENCY INFORMATION

STUDENT INFORMATION

Student's First Name:	Middle:	Last:	Suffix:	Birth Date: / /
Child's Address:	City:	State:	ZIP Code:	
Child's Physician:	Physician's Phone #:	Physician's Address:	Preferred Hospital:	
Child's Allergies:	Current on immunizations? ☐ Yes ☐ No	Religious or Medical Exemption? ☐ Yes ☐ No	Date of last tetanus:	
Does your child regularly take medications? ☐ Yes ☐ No	Does your child have asthma? ☐ Yes ☐ No	History of Seizures? ☐ Yes ☐ No	Wear contact lenses or glasses? ☐ Yes ☐ No	
Additional Health Problems:				

PARENT/GUARDIAN INFORMATION

Father's Name:	Emergency Phone #:	Employment:	Emergency Contact? ☐ Yes ☐ No	OK to pick up? ☐ Yes ☐ No
Mother's Name:	Emergency Phone #:	Employment:	Emergency Contact? ☐ Yes ☐ No	OK to pick up? ☐ Yes ☐ No

In case of emergency, who should be contacted first? ☐ Father ☐ Mother ☐ Other:

Insurance: ☐ Yes ☐ No	Policy Holder's Name:	Insurance Company:	Policy Number:	Insurance Company Address:

EMERGENCY CONTACTS

If a need arises for my child to be picked up from school and I cannot be reached, I authorize school personnel to call any of the following persons to pick up my child. (Please list emergency contacts in the order you would like them to be contacted.)

Contact Name:	Relationship:	Phone:	Emergency Contact?	OK to pick up?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child (full name), ____, should become ill or injured at East Bay Christian School (EBCS), I understand that the school will: (1) Attempt to contact me immediately and/or (2) Contact the person(s) I have designated if I cannot be reached.

Should EBCS be unable to reach me and/or the person(s) designated, if the nature of the illness is time sensitive and first requires immediate summoning of medical personnel, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept full responsibility for payment of Emergency transportation and Medical Service rendered.

____ ____ ____________________

Parent/Guardian Signature Relationship Date

Sworn to and subscribed before me this ____________, day of __________________, 20_____ My commission expires: _________________

____ Notary Public, State of Florida – at Large

______ Who is personally known to me OR ______ Who has/have produced identification: _________________