## **EAST BAY CHRISTIAN SCHOOL**

## 2023-2024 REGISTRATION FORM

(Please Print)

				S	TUDE	NT INF	ORN	1ATION	J						
Student's Fire	st Name		Middle	:			Last:					Suffix:	Preferr	ed Name:	
Gender:	Ethnicity:		US Citiz	en?	Bi	rth Date	:	Age:		SSN:			Grade	Entering:	
□M □F			□Yes	□No		/	/								
Child's Addre	PSS:		City:						Sta	te:			ZIP Cod	le:	
									l						
			P/	<b>ARENT</b>	r / Gl	JARDIA	AN IN	IFORM	ATIO	ON					
Father's Nam	ne:		Custodi	ial Pare	nt?	Father	's Ado	lress (if c	differ	ent tha	n ch	ild's):			
			□Yes	□No											
Father's Hom	ne Phone:	Cell:				Work:				Ext	:.	Email:			
Father's Emp	loyer:	Lives w	ith Stude	ent?	Rece	ives Mai	1?	Receiv	es B	ill?	Ol	to pick up?	Eme	rgency Contact?	
		☐ Yes	□No		☐ Ye	s 🗆 No	)	□Yes		No		Yes □ No	□Ye	s 🗆 No	
		1													
Mother's Na	me:		Custodi	ial Pare	nt?	Mothe	r's Ad	dress (if	diffe	rent th	an c	hild's):			
			□Yes	□No											
Mother's Ho	me Phone: Cell: Work:						Ex	ext. Email:							
Mother's Em	Mother's Employer: Lives w			ith Student? Receive			?	Receive	es Bill	?	Ol	to pick up?	Em	ergency Contact?	
	□Yes □No □Ye				□ Yes	□No	Yes 🗆 No 🛛				□ Yes □ No		es □ No		
		1													
				F	AMI	LY INFO	ORM.	ATION							
Student lives	with: (Please check	all that ap	ply.)				Parent's Divorced?					ced?	Legal C	Custody with?	
□ Father	□ Mother □ S	Stepfather	□ St	epmoth	ner	□ Oth	er:		ΠY	es	□N	lo			
Do you have	a church home?	Name of	Church:					Activo I	Mom	hors2		low often do	vou attor		
		Name of	Cituicii.									How often do you attend?			
□Yes □	l No							□ Yes		] No	L	] Regularly	□ Seld	om 🗌 Never	
			ALTE	RNAT	E NU	TRITIO	N PL	AN AG	REEI	MENT					
I understand	and approve the us	se of the A	ternate N	Nutritio	n Plan	. I agree	to pro	vide the	follo	wing n	neal	s and/or snack	s to me	et my child's	
nutritional ar	nd dietary needs.	Ind	icate spec	cial Diet	tary Re	equireme	ents:								
(Mark <b>P</b> for F	arent Provides or <b>S</b>	for Schoo	Provides	5)											
Breakfast	: P A.M. Sna	ıck: P	Noon N	Лeal: Р		P.M. Sn	ack: F	, D	inne	r Snack	: P	Evening	g: P	Formula: N/A	
The parent's	or legal guardian's	signature b	elow cer	tifies ag	greem	ent and	comp	liance wi	th th	e alteri	nativ	e nutrition pla	an outlin	ed above.	
Signature of	Parent or Legal Gu	ardian:										Date:			
Office Use O	<b>nly:</b> □ Physical	□lmmu	nization	□ Bir	th Cer	tificate	□Те	esting		☐ Shirt	S	☐ CPU	Rec	☐ Records Req	
☐ Step Up / A	AAA □ Reg Fee	□ Book I	ee	□ Ch	eck: #		□ Ca	ash: Rece	eipt #	ŧ		□ Mor	n. Order	#	

			PREVIOL	JS SCH	OOL INFORMAT	ΓΙΟΝ							
					nt Enrollments ONLY								
How did yo	ou hear about EBCS?	Ref	erred by:	Is this the first time the applicant has attended any school or homeschool?									
Last Schoo	l Attended:		Last School Addre	ess:			Last School Phone	2:					
Reason for	leaving last school:	Teacher	Teacher(s) at last school:										
Do you hav	ve a copy of the applicant's	last r	eport card and/or	transcrip	ot?				□ Yes	□No			
Has the ap	plicant ever been suspende	ed?							□ Yes	□No			
Has the ap	plicant ever been expelled?	)							□ Yes	□No			
Has the ap	plicant ever had any encou	nters	with law enforcem	nent or j	uvenile authorities	?			□ Yes	□No			
Has the ap	plicant received testing/co	unsel	ing by a psycholog	ist, psyc	hiatrist, or family c	ounselor?	)		□ Yes	□No			
Has the ap	plicant ever been diagnose	d or i	n a program for a le	earning	disability?				□ Yes	□No			
Has the ap	plicant ever been in an IEP	(Indiv	vidualized Educatio	n Plan) ນ	with or without ARI	D (Admiss	ion, Review, Dismis	sal)?	□ Yes	□No			
										'			
			ОТ	HER IN	NFORMATION								
			(To be c	omplete	ed for ALL applican	ts)							
	ed by my/our signatures as conditions for enrollment of								ee to the				
	I understand that all Reg	strat	ion Fees are non-re	fundabl	e.								
	I acknowledge that my ch	nild's	Book Fees must be	paid in	full before my child	d may atte	end classes at EBCS.						
	Three tuition payment o	otions	s are available, fron	n which	parents select at th	ne time of	f registration each y	ear. (Please	e select one	below.)			
	☐ One paym				Two payments			payment p					
	(Yearly tuition pa		•	•	on paid in two pay	•	•	eg. Aug. 1	•				
	I understand that in the open payment period in which				n from school for a	ny reason	i, i am responsible to	or the ent	ire tuitio	n of the			
	I understand that returne	ed ch	eck fees and late pa	ayment 1	fees may be added	to my acc	count if necessary.						
	I acknowledge that if my tuition payment each mo intention for using Exten	nth.	If a child is not pick	ed up o									
	☐ Daily (\$150/r	nonth	n/student)	ĺ	☐ Occasionally (\$10	)/day/stud	dent)	□N	ever				
	Step Up/AAA Students C Extended Care program of are incurred.	-								rges that			
	I realize that I must subm before my child will be al				lorida Physical forn	n, Florida	Immunization Reco	rd, and Bi	rth Certi	ficate			
	I give permission for pict website/promotions.	ures t	aken of my child at	t EBCS o	r EBCS school funct	tions to be	e used in the school	yearbook	and/or	on the			
	I have received a copy of receive the new handboo					_		nis dress co	ode whe	n I			
Father'	s Signature:				_ Mother's Sig	gnature:							

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 8<sup>th</sup> 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 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 at Open House. Any shirts above the three included with Registration will be billed to the student's account. **Please AT LEAST order the three short-sleeve shirts for Registration on this form.** Please note that there is a short-sleeve, a long-sleeve table, and a jacket table.

### 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	A-Siliali	Siliali	Ivieulum	Large	Siliali	Wiediaiii	Laige	A-Laige	AA-Laige	AAA-Laige
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

					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**

## 2023-2024 MEDICAL AND EMERGENCY INFORMATION

STUDENT INFORMATION															
Student's First Nam	Middle: Last:								Suffix:			Birth Da	ite: /		
Child's Address:		City:						S	State:			ZIP Code	e:		
Child's Physician:	's P	hone #:		Phy	sician's	Addr	ess:		Preferred Hospital:						
Child's Allergies:			Cu	irrent on imn	nuniza	ation	s?	Reli	gious or Medica	l Exemp	tion?		Date of la	ast tetanus	:
				□Yes	□N	0			]Yes □ N	Ю					
Does your child reg	ularly take r	nedications	s?	Does your	child l	have	asthma	?	History of Seizi	ures?	V	/ear	contact ler	nses or glas	sses?
□Yes	□ No			□Yes		□ No			□Yes	□ No		□Y	⁄es	□ No	
Additional Health Problems:															
				PAREN	IT/G	UAR	DIAN	INFO	DRMATION						
Father's Name:			En	nergency Pho			Employ			E	merge	ency	Contact?	OK to pi	ick up?
				0 ,				•			] Yes	-	□No	□Yes	□ No
Mother's Name:			En	nergency Pho	one #:		Employ	ymer	it:	E	merge	ency	Contact?	OK to pick up?	
											] Yes		□No	□Yes	□No
In case of emergen	cy, who sho	uld be cont	acte	ed first?		] Fath	ner		□ Mother		Other	:			
Insurance:	Policy Holo	ler's Name	:	Insurance Co	ompa	ny:	Policy Number: Insurance Company Address:								
							NCY C								
If a need arises for persons to pick up	-												all any of th	e following	S
Contact Name:				Relationship:				Phone:			Emergency Contact?			OK to pick	c up?
										☐ Yes ☐ No		] No	□ Yes	□No	
										۰ 🗆	☐ Yes ☐ No			☐ Yes	□No
											Yes		l No	□ Yes	□No
		AUT	НО	RIZATION	FOR	EMI	ERGEN	ICY I	MEDICAL TRE	ATME	NT				
If my child (full nan	ne)								should become	ill or in	iured a	at Fa	ıst Bav Chri	stian Schoo	
(EBCS), I understan be reached. Should EBCS be una summoning of med	d that the so	thool will: ( n me and/o	1) <i>A</i>	Attempt to co se person(s) o	ntact design	me i	mmedia	ately natur	and/or (2) Conta e of the illness is	time se	oerson ensitive	(s) I e and	have desig d first requ	nated if I ca	annot
The physician and/ my child.	or medical fa	acility are a	uth	orized to adr	minist	er en	nergenc	y me	dical treatment	necessa	ary to e	ensu	re the heal	th and safe	ety of
I will accept full res	ponsibility fo	or payment	t of	Emergency t	ransp	ortat	ion and	Med	ical Service rend	lered.					
	Parent/G	uardian Sig	natı	ure					Relation	nship				Date	
Sworn to and subso	ribed before	e me this _		, da	ay of _			, 20 My			mmiss	sion	expires:		
						No	tary Pul	blic, S	State of Florida –	at Larg	ge				
Who is per	sonally know	n to me O	R	Who	has/h	_									