



ENROLLMENT APPLICATION

Student's First Name

Last Name

Date of Birth

Age

Grade

Start Date

Home Address

City

State

Zip

Mother/Guardian First Name

Last Name

Cell Number

Occupation: _____

Employer: _____

Father/Guardian First Name

Last Name

Cell Number

Occupation: _____

Employer: _____

Has your child ever attended public or private school? YES/NO

If yes, where? _____

What grades? _____ What curriculum? _____

Has your child ever been expelled or suspended from a public or private school? YES/NO

When did your child become homeschooled? _____

Month

Year

What homeschool curriculums has your child used? _____

What homeschool material will your child be using at BCA?

Company/Entity

Grade Level

Is your child currently taking music lessons on a regular basis?

YES/NO If yes, what and where: _____

Is your child currently active in any clubs, organized sports, bible quizzing, special training, etc?

YES/NO If yes, explain: _____

Does your child have any known allergies? YES/NO If yes, explain: _____

Is your child on prescribed medication? YES/NO If yes, explain: _____

Has your child been diagnosed by a Doctor with any disorders or diseases? YES/NO

If yes, explain: _____

Date of last diagnosis: _____

Physician: _____

Name

City/State

Name of Church Student attends: _____
Name of Church City/State

Pastor's Name

Pastor's Cell

My pastor has been notified of my enrollment at BCA and approves. YES/NO

For BAC Church Members Only:

I am applying for BAC Membership Tuition. YES/NO

I am a member in good standing, faithful attendee and meeting Church Standards YES/NO

I understand my membership tuition is subject to my membership status at BAC YES/NO

EMERGENCY CONTACT INFORMATION

In case of emergency, please list in order of preference:

NAME	RELATIONSHIP	CELL	<u>AUTHORIZED FOR PICK UP?</u>
1.) _____			YES/NO
2.) _____			YES/NO
3.) _____			YES/NO
4.) _____			YES/NO

CONTRACTUAL AGREEMENT

I hereby confirm the information provided on this application is true and correct.

I hereby confirm that I am the legal authority for my child and assuming financial responsibility for all enrollment, tuition and school costs.

I hereby confirm that the Emergency Medical Treatment Authorization is completed and included with this application.

I hereby confirm I will be taking full responsibility for BCA standards of conduct and adherence to all school policies.

I have enclosed the appropriate amount for submitting the Enrollment Application as outlined in the BCA Handbook. In the event my application is denied, I will receive a full refund within 3 days.

Upon acceptance, I will establish my child's Tuition Account with BCA and begin payments immediately and follow monthly tuition policies.

I have carefully read the entire BCA Handbook. I understand and accept all of the policies and agree to uphold the requirements and my initials and signature are confirmed herewith:

- | | Initial |
|--|---------|
| - Mission Statement, Statement of Faith and Educational Objectives | _____ |
| - Academic and Bible Curriculum | _____ |
| - Enrollment & Tuition Policies | _____ |
| - Standards of Conduct | _____ |
| - Uniforms | _____ |
| - General Policies | _____ |
| - School Day | _____ |
| - I have received a copy of the BCA Handbook for my records | _____ |

Signature Relationship Date

Signature Relationship Date

AMOUNT SUBMITTED WITH APPLICATION: \$ _____

FOR SCHOOL YEAR: _____ MONTHS: _____