



Tuition payments are considered past due after the 15th of each month. Parents are responsible for tuition payments regardless of student absences due to vacations, sickness, withdrawal, etc. **I understand that I am responsible to pay tuition for the full school year, September to May, whether or not my child attends the full year.** I hereby pledge to pay my financial obligations to Berean Baptist Church on the date due and understand that it may be necessary to withdraw my child if arrangements are not made to pay for the past due account:

_____ (please sign)

I appreciate the standards of Berean Baptist Church and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the school personnel.

In the event of a medical emergency, I authorize a qualified staff member to administer medical treatment to include first aid and CPR with the understanding that every effort will be made to contact me immediately. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I understand the policies and procedures stated on this application and agree thereto.

_____ Parent/Guardian Signature

_____ Date

Photos of your child **will** be taken throughout the year for use in monthly newsletters, take home projects, end of the year videos, etc. *Your child's photo will be used for these purposes*, but we will never use your child's photo outside of these purposes without your expressed consent **below**.

Each of our teachers have private social media accounts and love to share about our class throughout the year. We also have a preschool website which will have pictures and updated brochures about the preschool. If you give permission to use your child's photo online in the form of your teacher's personal social media account, preschool websites, brochures, etc., please initial below.

_____ **Yes**, I give my permission to use my child's photo.

_____ **No**, I do not give my permission to use my child's photo.



Childcare Application

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____

City/State _____ Zip _____

Home Telephone _____ Email _____

Age _____ Sex _____ Birthdate _____ Birthplace _____

School/Daycare Last Attended _____

Address _____

FAMILY INFORMATION

Father's Name _____

Employment _____

Position _____

Business Phone _____

Cell Phone _____ Text? Y or N

Mother's Name _____

Employment _____

Position _____

Business Phone _____

Cell Phone _____ Text? Y or N

MEDICAL INFORMATION

Family Physician _____

Phone _____ Date of last exam _____

Health Insurance Provider _____

Policy # _____

Dentist _____ Phone _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, every effort will be made to contact parents first. If we cannot reach you, please list three additional contacts below.

Name _____
(Last) (First) (Middle)

Relationship to Student _____

Address _____

City/State _____ Zip _____

Home Telephone _____

Name _____
(Last) (First) (Middle)

Relationship to Student _____

Address _____

City/State _____ Zip _____

Home Telephone _____

Name _____
(Last) (First) (Middle)

Relationship to Student _____

Address _____

City/State _____ Zip _____

GENERAL INFORMATION

Please choose your program: _____ 2 Day (T/Tu) _____ 3 Day (T-Th) _____ 4 Day (M-Th)

How did you hear about Foundations? _____

Reason for selecting this center: _____

Application must be filled out completely (front and back) before it can be processed. All fees due upon registration (\$75 books + \$25 projects) must accompany this Student Application and are non-refundable. An interview with the parents and the student may be required before final acceptance.