



Bentonville

Christian Academy

Our Mission:

To provide a Christ-centered academically superior education to the children in our community. We believe in teaching a Christian worldview based on the absolute truth of God's Word. All truth is God's truth.

STUDENT'S NAME

904 NW 8th St.
Bentonville, AR 72712
479-616-4880
www.bentonvillechristian.org

-----Office Use Only-----

2011-2012 ___ enrollment ___ curriculum ___

Summer 2012 ___ enrollment ___ curriculum ___

2012-2013 ___ enrollment ___ curriculum ___

Summer 2013 ___

Bentonville Christian Academy

Application for Enrollment

A. Applicant Data

Student's Full Name _____ Preferred Name _____

Address _____
Street City State Zip

Date of Birth _____ SS# _____

Current Child Care _____ Years of Attendance _____

Other Previous Child Care _____ Years of Attendance _____

Enrollment Preference: _____ 5 days (M-F) _____ 3 Days (Mon,Wed,Fri) _____ 2 Days (Tues,Thurs) Desired start date _____

Church Affiliation (optional) _____ Congregation _____

Attends church: Weekly Occasionally Never

How did you hear of BCA?: Radio Web Site Home Congregation
 Word of Mouth Sign/Banner Other _____

B. Family Data

Skip to section C if parents are not legal guardians.

Father _____ Email _____

Address (if different from Section A) _____
Street City State Zip

Business or Profession _____ Business Name _____

Cell Phone [_____] Home Phone [_____] Work Phone [_____] _____

Business Address _____ Weekday Work Hours _____

Church Affiliation (optional) _____ Congregation _____

Attends church: Weekly Occasionally Never

Mother _____ Email _____

Address (if different from Section A) _____
Street City State Zip

Business or Profession _____ Business Name _____

Cell Phone [_____] Home Phone [_____] Work Phone [_____] _____

Business Address _____ Weekday Work Hours _____

Church Affiliation (optional) _____ Congregation _____

Attends church: Weekly Occasionally Never

C. Additional Family Data

Please complete this section if there is a separation or divorce in the family or if the student resides with a legal guardian other than parent.

Name of Legal Guardian _____ Relationship to Student _____

Address (if different from above) _____
Street City State Zip

Home Phone [_____] Cell Phone [_____] E-mail _____

If divorced, please indicate the type of custody ordered by the court: Joint Sole

If separated or divorced, with which parent does child reside? _____

To whom should notices of school activities be sent? _____

To whom should statements be sent? _____

D. Pick-Up Authorizations

List all persons whom are allowed to pick the student up from BCA. Students WILL NOT be released to anyone without this authorization. For safety, ID verification will be required for listed persons unknown to staff.

(Check all that apply): Father Mother Others listed below

Name _____ Phone # _____

Address _____
Street City State Zip

Name _____ Phone # _____

Address _____
Street City State Zip

Name _____ Phone # _____

Address _____
Street City State Zip

Name _____ Phone # _____

Address _____
Street City State Zip

E. Health and Emergency Contact Information

Is the applicant taking any medication(s)? Yes No Specify _____

Doctor's Name _____ Phone [_____] _____

Address _____
Street City State Zip

Hospital or emergency care facility preferred _____

Do you have medical insurance? Yes No **(Please Provide a Copy of Insurance Card to place in file.)**

Name of carrier _____ Policy Number _____

Address _____ Phone [_____] _____

***Please provide an up-to-date copy of immunizations or documentation of a religious or medical exemption for the Arkansas Department of Health and Human Services.**

F. Medical Release

EMERGENCY PROCEDURES

I understand Bentonville Christian Academy will only transport in EXTREME emergency for medical treatment. I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave a number where I, my spouse, or a responsible adult designated by me, may be reached daily if the numbers below do not apply for that day.

In case of emergency while my child is attending Bentonville Christian Academy, I understand that the following procedure will be used:

1. BCA will contact the parent or guardian by phone at

Mother [_____] _____ or [_____] _____

Father [_____] _____ or [_____] _____

Guardian [_____] _____ or [_____] _____

2. If the parent or guardian IS NOT available, BCA will contact these emergency persons:

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

I hereby authorize Bentonville Christian Academy to follow this procedure for:

Child's Name _____

Parent Signature _____

Date _____

Witness _____

Date _____

G. Medical Notes

1. Name and explain any health condition(s), past or present, which need to be brought to the attention of BCA to safeguard your child at school (e.g., special foods, diabetes, emotional disorders, educational challenges, etc.)

2. Doctor's noted food allergies: _____ In file: _____

3. Circle all that apply and explain:

ADD/ADHD Asthma Autistic Tendencies Bed Wetting Bi-Polar Biting
Seasonal Allergies Seizures Sensory Disorder Spitting Tantrum

4. Security items your child uses:

G. Parental Consent

PARENTAL CONSENT ITEMS

Please initial beside each received/completed item.

1. _____ All application forms for my child including personal and emergency are complete, signed, and on file.
2. _____ Parental authorization forms for medical care and daily pick up are complete, signed, and on file.
3. _____ A copy of the front and back of my child's insurance card along with the hold harmless agreement is complete, signed, and on file.
4. _____ I give authorization for my child to be photographed for preschool pictures or events, and college portfolios.
5. _____ My child's immunization record is current and on file. I understand that it is my obligation as the legal guardian to update this record and bring a copy for the school file.
6. _____ My child is potty-trained and can handle bathroom procedures independently.
7. _____ A signed statement from my child's physician is on file stating any food to which my child is allergic and requires an alternative food item.

8. _____ I will provide a change of clothing that is seasonally appropriate at all times in case of an accident or spill.
9. _____ I have read, understood, and agreed with the methods of discipline as outlined in the Parent Handbook.
10. _____ I have been given a copy of the Parent Handbook.
11. _____ By Law, children are subject to be interviewed by Child Care Licensing, DCFS Special Investigations, and local law enforcement for investigative purposes in the event of an abuse complaint and/or for determining compliance with licensing requirements. (Child interviews do not require parental notice or consent.)
12. _____ I understand Child Care Licensing compliance forms (DCC-521) from the facility are available for my review upon request.
13. _____ I realize that BCA reserves the privilege to dismiss my child from the program after entering if he or she seems unable to participate in group experiences, has tuition problems, rude or inconsiderate behavior toward other children or staff by either the child or the parent, or reoccurring uncontrollable behavior that is out of our professional means.
14. _____ I understand that I may pay my child's tuition by the week or by the month; and tuition is due each week on Monday, or the first of each month regardless of school closings or sickness.
15. _____ I give BCA permission to administer sunscreen to my child as weather permits to prevent sunburn. I understand that I shall provide this to the school with my child's name on the bottle.
16. _____ I understand that Bentonville Christian Academy was established and operated by the principals and teachings held by the churches of Christ as taught through the inspired Word of God. We agree to support and follow all rules and regulations of the school and understand that failure to do so will result in dismissal from BCA.

Recognizing the possibility of physical injury associated with preschool, sudden illness at school, and in consideration for Bentonville Christian Academy and its affiliates accepting the child named above for our program and activities, or unexpected accidents, I hereby release, discharge and/or otherwise indemnify Bentonville Christian Academy, its employees, including the owners of the facility against any claim by or on behalf of the child as a result of the child's participation in our programs and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter/ward has received up to date immunizations by a physician and has been found physically capable of attending preschool at Bentonville Christian Academy. I hereby give consent to have a member of the staff, emergency personnel, and/or doctor of medicine provide my son/daughter/ward with medical assistance and/or treatment/transportation and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

NOTARY SECTION

I hereby confirm that the above information is true and has been filled out to the best of my ability providing Bentonville Christian Academy the most recent information possible.

Legal Guardian Signature _____

Subscribe and sworn before me on this _____ day of _____, 20_____.

Notary Signature _____

Notary Seal/Stamp: