



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.

Application for Elementary Enrollment

STUDENT'S NAME

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

-----Office Use Only-----
2012-2013 enrollment _____ curriculum _____

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 Section A) _____
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. You may add or subtract to this list anytime by speaking with the director.

(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 [_____]

F. Medical Release

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.

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 Signature _____ 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, seizures, etc.)

2. Doctor's noted food allergies:

3. Doctor's note on file? Yes No

H. Parental Consent

Please initial beside each received/completed item.

1. _____ The application form for my child is filled out in entirety and notarized.
2. _____ I have provided a copy of my child's insurance card.
3. _____ I have provided a copy of my child's current, up to date, immunization record.
4. _____ I have provided a copy of my child's birth certificate.
5. _____ I have provided a copy of my child's social security card.
6. _____ I give authorization for my child to be photographed for school pictures or events, and college portfolios.
7. _____ A current (within last 24 months) physical examination of my child is on file.
8. _____ A statement from my child's physician is on file declaring any allergies. If no statement is on file I acknowledge no known allergies.
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. _____ 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.
12. _____ I understand that I may pay my child's tuition by the quarter or semester; and tuition is due at the beginning of the quarter or semester regardless of sickness or closings or a late fee will be applied.
13. _____ 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 if requested.
14. _____ 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 school, 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 school 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.

Parent/Legal Guardian Signature _____

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

Notary Signature _____

Notary Seal/Stamp: