

# Central Baptist Christian School

402 East Windhorst Rd., Brandon, FL 33510

Phone: 813-689-6133 Fax: 813-689-0011

[www.CentralBaptistLife.com](http://www.CentralBaptistLife.com)

## Enrollment Application 2010-2011

### STUDENT INFORMATION:

Grade Entering \_\_\_\_\_

OFFICE USE ONLY	Date Received _____
Reg. Fee _____ Ck# _____	or Cash _____
Returning _____ Sibling _____	New _____
____ Yellow Phys. Form	____ Last Report Card
____ Blue Shot Form	____ FCAT or SAT
____ Birth Certificate	____ Entrance Exam
	____ Interview
Student Code _____	Accepted _____
Family Code _____	Accept-Ltr. Sent _____
Payment Plan _____	Daycare <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ of _____	

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male  Female  Date of Birth (month/day/yr) \_\_\_\_\_

Student's Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (needed for school to authorize emergency medical treatment)

Ethnicity (African-American, Asian, Caucasian, Hispanic, Native-American, Other) \_\_\_\_\_

**Student lives with the following adults:** (Check all that apply; if "other," please specify person/relationship.)

Student's Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Other: Name \_\_\_\_\_

Student's Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Who has legal custody (if applicable)** \_\_\_\_\_ (See p. 2, Legal-Documentation Requirement)

Person responsible for tuition \_\_\_\_\_ Relationship \_\_\_\_\_

Name & Address of Student's Previous School \_\_\_\_\_

Siblings' names, grades, and school(s) attending \_\_\_\_\_

### PARENTS

Father's Name \_\_\_\_\_ **If different from student:** Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's E-Mail (Please print clearly) \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ **If different from student:** Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's E-Mail (Please print clearly) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Address \_\_\_\_\_

### CHURCH

Name/Location of church your family attends \_\_\_\_\_

### CONTACTS (Note: If non-custodial parent is allowed to pick up child, include his/her name below.)

List two neighbors or relatives who will assume temporary care of your child if parents cannot be reached:

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Other Authorized Person(s) to pick up child (first & last names) \_\_\_\_\_

**For New Students Only:** How did you hear about our school? \_\_\_\_\_

If you heard from a friend, please provide name \_\_\_\_\_

*(For a current family to receive tuition credit for referring you, please fill out a Referral Form and attach it to this application. Their tuition credit will be applied in October 2010.)*

Why do you want your child to come to this school? \_\_\_\_\_

**PARENTAL CONSENT (must be signed at bottom of page)**

**EMERGENCY CARE AND PICK-UP PERMISSION**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements deemed necessary.

**LEGAL-DOCUMENTATION REQUIREMENT**

**I understand that I must supply the office with an official, legal court document stating that a non-custodial parent is not allowed to pick up my child.** (Office will make copy from official document to be kept in child’s file. Without this legal documentation, we cannot deny pick-up by non-custodial parent.)

**PERMISSION TO TRAVEL**

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities.

**SCHOOL HEALTH SERVICES**

I request that my child participate in any health appraisal activities conducted in school by our Public Health Nurse. The activities may include screening for vision and hearing problems and Scoliosis (curvature of the spine). I understand that there is no charge for these services.

**STATEMENT OF NON-DISCRIMINATORY POLICY**

I have been informed that Central Baptist Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

**CBCS ENROLLMENT AGREEMENT**

I have read the “CBCS Enrollment Agreement 2010-2011” inserted as page 3 of this application; and I understand and am in agreement with the policies set forth.

**ARTICLES OF FAITH**

I have read the “Articles of Faith” printed below and subscribe to them. I am willing to have my child trained in accordance with these “Articles of Faith.”

1. We believe the Bible to be the inspired, inerrant, infallible, authoritative, plenary Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory.
4. We believe that for salvation of the lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the resurrection of both the saved and lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
8. We believe that a spiritual leader should be an active participant in a local body of believers called the church.

\_\_\_\_\_  
Parent's (or Legal Guardian's) Signature of Consent

\_\_\_\_\_  
Date

# CBCS ENROLLMENT AGREEMENT 2010-2011

*So that each parent understands school policies, we ask that you read the following information and sign at the bottom of this page to indicate your understanding of and agreement with the policies set forth.*

1. My child must meet the academic and department standards in order to be accepted at CBCS and to continue each semester.
2. I agree to have my child abide by the rules and standards of the school.
3. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
4. The administration has full responsibility for placing my child in the proper grade and class.
5. The school has full discretion in the classroom discipline of my child, which includes detention, suspension, and expulsion from the school program. I further agree that I will support the faculty and administration in discipline at home, as needed.
6. My cooperation is required in a) regular tuition payment, b) practical help, c) faithful prayer, d) participation in school functions, and e) support of the teachers and school.
7. I permit my child to take part in all school activities including, but not limited to, sports and school-sponsored field trips, and absolve the school and church from liability to me or my child in case of accident or injury to my child while on campus or during any school-sponsored outing. **I understand that I must carry medical insurance coverage for my child and supply the policy information on page 4.**
8. As a parent or legal guardian, I agree that Central Baptist Christian School may use pictures of my child on its literature, newspaper and promotional materials, and web site.
9. The school is not responsible for the loss or damage of personal property, whether the loss/damage occurs by theft, fire, or any other cause.
10. Upon acceptance, I will supply the necessary information for my child's file, including a valid physical, a current immunization record, birth certificate, social security number, medical insurance information, and custody papers, if applicable.
11. Registration fee is non-refundable and non-transferable unless the school determines that it cannot accept applicant.
12. The Book & Resource fee is non-refundable and non-transferable after school begins.
13. I understand that monthly tuition payments are due on the first day of each calendar month and are considered delinquent after the tenth calendar day, at which time a \$25 late charge per student will be added to my account. If an account is **30 days in arrears, the parent will be asked to remove the student from school unless adequate arrangements have been made with the administration.** If a student is registered at CBCS for any part of a month that school is in session (including August), the full monthly tuition is due. The June and July tuition (or the equivalent amount if Prepayment plan was selected) is non-refundable. I also understand that report cards, transcripts and other records will be withheld unless all financial accounts are current (including extended-care charges, lunch charges, library fines, damaged/lost textbook fines, and sports fees).
14. I understand that all sports uniforms must be returned within 5 days after the conclusion of the sport and that my child's next report card may be held until the uniform is returned (or paid for in case of loss).

**Parents, please sign on the line below to indicate your agreement with the above policies:**

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**(Parent's or Legal Guardian's Signature of Agreement for the 2010-2011 School Year)**

# Central Baptist Christian School

## Statement of Financial Agreement for 2010-2011

Child _____
Grade Entering: _____

**Registration Fee (Non-refundable/Non-transferable):**  
**\$160 for all grades after Feb. 19, 2010**

**Book/Resource Fee\*(Due Sept. 15, 2010):**

Pre-School K3-K4 \$225	Elementary K5-5th \$325	Secondary 6th-10th \$350
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**Graduation Fees (Due Feb. 1, 2011):**  
 K5, \$35    8th, \$40

\***Book & Resource Fee** includes part consumable and part school-rental books. It also includes SAT (1st-10th), Yearbook (K3-10th), Computer Lab (K5-10th), and Classroom resources (K3-10th). **This fee is non-refundable/non-transferable.**

### Tuition\*\*- Please check your choice of tuition payment plan below:

<b><u>Returning or New Families Registering after Feb. 19</u></b>	
<b>Pre-school K3, K4</b>	
___ Prepay by June 1, 2010.....	\$2970
___ 10 Equal Payments.....\$3070.....\$307 per month June 1, 2010 – April 1, 2011 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$3084.....\$257 per month June 1, 2010 – May 1, 2011	
<b>Elementary K5 through Fifth Grade</b>	
___ Prepay by June 1, 2010.....	\$4380
___ 10 Equal Payments.....\$4480.....\$448 per month June 1, 2010 – April 1, 2011 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$4488.....\$374 per month June 1, 2010 – May 1, 2011	
<b>Secondary Sixth through Tenth Grade</b>	
___ Prepay by June 1, 2010.....	\$4590
___ 10 Equal Payments.....\$4700.....\$470 per month June 1, 2010 – April 1, 2011 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$4704.....\$392 per month June 1, 2010 – May 1, 2011	

**\*\* Tuition discounts are available for parents with more than one student in the school. A 10% discount will be given for 2nd child and a 15% discount for 3rd and additional children thereafter.**

#### STATEMENT OF FINANCIAL AGREEMENT

I, the undersigned, do understand that tuition payments are due the **1ST OF EACH MONTH** (June 1st-May 1st, 12 equal payments, or June 1st-April 1st, 10 equal payments excluding September). These payments must be mailed to Central Baptist Christian School or handed in at the school office. **A LATE FEE OF \$25.00 PER CHILD WILL BE CHARGED IF TUITION IS RECEIVED AFTER THE 10TH CALENDAR DAY OF THE MONTH.** There will be a \$20.00 charge for returned checks. Students will not be admitted to class if any fees are one month (15 days for the last month of your payment plan) in arrears. June & July tuition payments are non-refundable and non-transferable. If a student withdraws after school begins, months paid for and not used will be refunded (except June & July). Students who attend one day or more of any payment period will owe the full payment period tuition. No records or grades will be issued or transferred if there are any unpaid fees. I agree to pay any and all collection charges which might be incurred by Central Baptist Christian School in collecting my outstanding balance.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

I have selected the following plan (check one):    \_\_\_ Prepayment    \_\_\_ 10-Month    \_\_\_ 12-Month

OFFICE USE ONLY:

Date Mat & Box Fees paid: \_\_\_\_\_

Check # \_\_\_\_\_ or Cash \_\_\_\_\_ Staff Initial: \_\_\_\_\_

# DAYCARE PROGRAM

## Central Baptist Christian School

### STATEMENT OF FINANCIAL AGREEMENT - 2010-2011

**WEEKLY DAYCARE RATES: (Check one) (Note - A.M. is included in afternoon rates)**

\_\_\_ Before School Only - \$20 (K3-10th)

\_\_\_ After School Until 6:00 for K3,K4 - \$55

\_\_\_ After School Until 3:30 - \$45 (K3,K4)

\_\_\_ After School Until 6:00 for K5-10th - \$40

#### PAYMENT TERMS

I agree to pay Central Baptist Christian School on a weekly payment schedule, **IN ADVANCE**. Bi-weekly and monthly payments accepted; however, all payments must be made in **ADVANCE**. No credit terms are available.

**A \$30 sleeping-mat fee and \$5 storage-box fee (for K3 & K4) are due with the first weekly payment. (Mat & box become property of child.)**

#### LATE PAYMENT PENALTY

All payments are due on Monday. I agree to pay a \$10.00 late charge fee per student that will be automatically added to my account if payment is made after Tuesday evening. If payment is two weeks past due, student cannot attend until account is current.

#### ADDITIONAL TIME CHARGES

I agree to pay a \$1.00 late fee per child per minute beyond my scheduled pick-up time.

(Examples: 3:31-3:44 p.m. = \$14/child; 6:01 to 6:14 p.m.= \$14.00/child)

#### DAYCARE CLOSED

Daycare is closed on some school holidays, and a completed list of days closed will be included in the school calendar. **I understand that the weekly fee schedules are determined with the holidays in consideration and that the regular weekly fee is not adjusted for partial weeks.**

#### ABSENTEEISM

I understand and accept that two weeks (in full-week increments only) are provided for "Vacation" time or can be used for extended illness. **The office must be notified in writing of "Vacation" time one week in advance (forms available in Daycare office).** No payment adjustments will be made for additional absenteeism.

#### WITHDRAWAL

I understand that I can withdraw my child or children any time during the year for long-term or permanent absence. I also understand that, for re-entry, space must be available and a re-entry fee of \$35 paid.

#### THIS AGREEMENT SUPERSEDES ALL PREVIOUS AGREEMENTS.

I have read, understand, and accept the terms and conditions set forth in this agreement.

\_\_\_\_\_  
Signature (If child will be in Daycare)

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

Grade & Age: \_\_\_\_\_