

Central Baptist Christian School

402 East Windhorst Rd., Brandon, FL 33510

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

www.cbcslions.com

Enrollment Application 2016-2017

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	
___ StepUp Award Ltr Received	___ Interview	
Student Code _____	Accepted _____	
Family Code _____	Accept-Ltr. Sent _____	
Payment Plan _____	Daycare ___Yes ___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 (List non-custodial parent below, unless you supply legal documentation denying contact.)

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

Name: _____ Phone _____ Cell _____ Relationship _____

Name: _____ Phone _____ Cell _____ Relationship _____

Other Authorized Person(s) to pick up student (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 2016.)

Why do you want your child to come to this school? _____

PARENTAL CONSENT (must initial beside each statement and sign at bottom of page)

ARTICLES OF FAITH (See latest revised copy of *The Baptist Faith and Message* for a fuller description and explanation.)

I have read the "Articles of Faith" printed below and subscribe to them. I am willing to have my student 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 that Jesus Christ is fully God and fully man, and we believe in His virgin birth, in His sinless life, in His performing of many miracles recorded in Scripture, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father in heaven, and in His second coming from glory to reign on earth, and forever, in power and authority.
- 4. We believe in the Holy Spirit and that He is essential for and in the process of regeneration.
- 5. We believe in a literal heaven and a literal hell, and that all who believe in Christ will live eternally united with God in the former, and all who do not believe in Christ will live eternally separated from God in the latter.
- 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 in the church, a local body of believers, in which every follower of Christ should be an active participant.

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 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 2016-2017" inserted as page 3 of this application; and I understand and am in agreement with the policies set forth.

CHILD ACCESSIBILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT *Note: This is to include information regarding parental and also non-spousal relationships (i.e., girlfriend/boyfriend of the student's parents).*

In order to prevent an unauthorized visit or pickup of my student at CBCS by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the CBCS school office with all official, legal court documents (including, but not limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my student. I understand that all documents are to be submitted on or before the first day of the student's attendance at CBCS. I understand that I am responsible to inform the school office of CBCS as soon as possible of current changes and updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school office staff to be kept on file.)

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.

SCHOOL HEALTH SERVICES

I request that my student participate in any health appraisal activities conducted in school by a 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.

PERMISSION TO TRAVEL

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

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

Date

CBCS ENROLLMENT AGREEMENT 2016-2017

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

- ___1. My student 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 student abide by the rules and standards of the school (as stated in school handbook).
- ___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 student in the proper grade and class.
- ___5. The school has full discretion in the classroom discipline of my student, 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, e) support of the teachers and school.
- ___7. I permit my student 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 student in case of accident or injury to my student while on campus or during any school-sponsored outing. **I understand that I must carry medical insurance coverage for my student 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 student 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 student's file, including a valid physical, current immunization record, birth certificate, social security number, medical insurance information and, if applicable, custody papers.
- ___11. Registration fee is non-refundable and non-transferable (unless the school determines that it cannot accept applicant).
- ___12. The Book & Resource fee and the 6th-12th Grade Science Lab fees are non-refundable and non-transferable.
- ___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 may 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 is non-refundable.
 - all accounts must be paid in full by the end of the first semester in order for the student to return for the second semester.
 - **report cards, transcripts, & other records will be withheld unless all financial accounts are current (including extended-care charges, lunch charges, library fines, damaged/lost book fines, sports fees, Science lab fees, and tuition balance that will result if a Step-Up scholarship student withdraws before the end of the year).**
- ___14. I understand that all sports uniforms must be returned within 5 days after the conclusion of the sport and that my student's next report card may be withheld until uniform is returned (or paid for if lost or damaged).

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

(Parent's or Legal Guardian's Signature of Agreement for the 2016-2017 School Year)

Central Baptist Christian School

Statement of Financial Agreement for 2016-2017

Student _____
Grade Entering: _____

Registration Fee (Non-refundable/Non-transferable): \$125 for all grades through Feb. 1, 2016 \$175 for all grades after Feb. 1, 2016	Book/Resource Fee*(Due Sept. 15, 2016):			Graduation Fees (Due Feb. 1, 2017):
	PreK4 \$225	Elementary K5-5th \$350	Middle School 6th-8th \$400	High School 9th-12th \$425

Science Lab Fee for 6th-12 grades only (non-refundable) - Due Sept. 15, 2016 (at same time as Book Fee)	
6th-8th: \$75	9th-12th: \$100

* **Book & Resource Fee (non-refundable/non-transferable)** includes part consumable and part school-rental books. It also includes Yearbook, Standardized Test (1st-12th), Computer Lab (Kindergarten-12th), & Classroom resources (PreK-12th).

Please check your choice of tuition payment plan below. Tuition discounts are available for parents with more than one student in the school. Each additional student will receive a 5% tuition discount.

<u>Returning or New Families Registering By Feb. 1</u>	
PreK4	
___ Prepay by June 1, 2016.....	\$3692
___ 10 Equal Payments.....\$3792.....\$379 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments....\$3798.....\$316.50 per month June 1, 2016 – May 1, 2017	
Elementary (Kindergarten through Fifth Grade)	
___ Prepay by June 1, 2016.....	\$5140
___ 10 Equal Payments.....\$5240.....\$524 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$5244.....\$437 per month June 1, 2016 – May 1, 2017	
Middle School (Sixth through Eighth Grade)	
___ Prepay by June 1, 2016.....	\$5665
___ 10 Equal Payments.....\$5765...\$576.50 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments....\$5769.....\$480.75 per month June 1, 2016– May 1, 2017	
High School (Ninth through Twelfth Grade)	
___ Prepay by June 1, 2016.....	\$5897
___ 10 Equal Payments....\$5995.....\$599.50 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$5995.....\$499.50 per month June 1, 2016 – May 1, 2017	

<u>Returning or New Families Registering After Feb. 1</u>	
PreK4	
___ Prepay by June 1, 2016.....	\$3792
___ 10 Equal Payments.....\$3890.....\$389 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments....\$3900.....\$325 per month June 1, 2016 – May 1, 2017	
Elementary (Kindergarten through Fifth Grade)	
___ Prepay by June 1, 2016.....	\$5397
___ 10 Equal Payments.....\$5500.....\$550 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$5508.....\$459 per month June 1, 2016 – May 1, 2017	
Middle School (Sixth through Eighth Grade)	
___ Prepay by June 1, 2016.....	\$5835
___ 10 Equal Payments.....\$5935...\$593.50 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$5940.....\$495 per month June 1, 2016– May 1, 2017	
High School (Ninth through Twelfth Grade)	
___ Prepay by June 1, 2016.....	\$5997
___ 10 Equal Payments....\$6100.....\$610 per month June 1, 2016 – April 1, 2017 (No tuition due in Sept.)	
___ 12 Equal Payments.....\$6108.....\$509 per month June 1, 2016 – May 1, 2017	

By signing below, you are agreeing to the policy set forth in Item #13 of the CBCS Enrollment Agreement (page 3 of this application):

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. See Item #13 on the Enrollment Agreement (page 3 of this application). **A LATE FEE OF \$25.00 PER STUDENT WILL BE CHARGED IF TUITION IS RECEIVED AFTER THE 10TH CALENDAR DAY OF THE MONTH.** June & July tuition payments are non-refundable and non-transferable. 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 Step-Up Scholarship (Award Letter provided? ___)

OFFICE USE ONLY:

Date Mat & Box Rental Fee paid: _____

Check # _____ or Cash _____ Staff Initial: _____

DAYCARE PROGRAM

Central Baptist Christian School

STATEMENT OF FINANCIAL AGREEMENT - 2016-2017

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

___ Before School Only - \$25 (Pre-School - 12th) ___ After School Until 6:00 for Pre-School - \$60

___ After School Until 3:30 for Pre-School - \$50 ___ After School Until 6:00 for Kindergarten-12th - \$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 \$35 rental fee for sleeping mat and storage box (for Pre-School) is due with the first weekly payment.

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 student per minute beyond my scheduled pick-up time.

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

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 student 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 student will be in Daycare)

Date

Student's Name: _____

Grade & Age: _____