

Berea Christian Academy

Student
Enrollment Packet

2011-2012

Enrollment Packet for Berea Christian Academy

- ◆ Student & Parent Handbook
- ◆ Berea Christian Academy Application
- ◆ Medical Release Form
- ◆ Parent Cooperation Statement
- ◆ Curriculum List – **If you want to place your book order with the school for new books through Bob Jones, your book order must be turned in by _____.**
- ◆ Allendale Application:

Allendale Requirements are listed online: Please note that your child's tests, quizzes, school work will be kept at the school during the school year. We will keep your attendance record and complete the report card.

Allendale Website: **www.allendaleacademy.com**

Berea Christian Academy

Medical and Liability Release Form

2011-2012

I, _____, do hereby grant permission for my child _____, to attend Berea Christian Academy, Palm Harbor, Florida, 34683, and at such other functions as are authorized by said school. Should my child become injured while attending a function, I request that Berea Christian Academy contact me immediately, or contact the person I have designated below if I cannot be reached. Should Berea Christian Academy personnel be unable to contact me or the person designated below, I authorize them to contact my child's physician and/or arrange for emergency medical treatment.

Child's Age _____ Child's DOB _____

Child's Address _____

Parent/Guardian's Address _____

Parent/Guardian's Phones:

Home - _____

Work - _____

Cellular - _____

Child's SSN _____ - _____ - _____

Physician _____

Address _____

Phone _____

Hospital _____

Insurance _____

Policy/Group No. _____

Allergies _____

Medical Conditions _____

Emergency Contact Person/Relationship

Name _____ - Phone/Cellular _____

Name _____ - Phone/Cellular _____

My child's physician, or the physician or medical facility selected by Berea Christian Academy personnel, is authorized to administer emergency medical treatment necessary to ensure the safety of my child. *I agree to be financially responsible for emergency medical treatments due to services rendered to my child in case of illness or injury, and I hereby agree not to hold Berea Baptist Church/Berea Christian Academy or its personnel liable or responsible for any accidents, injuries that may occur at school or school functions including but not limited to field trips.*

In case of minor injury to my child at a school function, I authorize Berea Christian Academy and its personnel to provide first aid.

Dated _____

Parent/Guardian

State of Florida

County of Pinellas

The forgoing instrument was acknowledged before me this _____ day of _____, _____, by _____, who () is personally known to me, or () who has produced Drivers License No. _____ as identification.

Notary Public: _____

Name: _____

Commission Expires: _____

Berea Christian Academy

Student Application

2011-2012

Full Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Father/Guardian	Mother/Guardian
Name _____	Name _____
Place of Work _____	Place of Work _____
Work Phone Number _____	Work Phone Number _____
Cell Number _____	Cell Number _____

Applying For: K-5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Has your child ever been suspended from school? _____ If yes, explain: _____

Has your child ever been expelled from a school? _____ If yes, explain: _____

EMERGENCY CONTACT INFORMATION

Please list the names of three people in whom to contact in case of emergency.

1st
Name _____ Relation to Student _____

Phone Numbers
Home# _____ Work# _____ Cell# _____

2nd
Name _____ Relation to Student _____

Phone Numbers
Home# _____ Work# _____ Cell# _____

3rd
Name _____ Relation to Student _____

Phone Numbers
Home# _____ Work# _____ Cell# _____

MEDICAL INFORMATION

Please list all medical and allergy conditions of your child.

Berea Christian Academy Parent Cooperation Statement

In making application to Berea Christian Academy, we understand that:

1. We will annually read the Parent and Student Handbook with our students(s).
2. Admission is limited to the children of active members of Berea Baptist Church who regularly (weekly) attend church. This standard also applies to the student.
3. The school reserves the right to dismiss any student who is out of harmony with the rules, policies, and spirit of Berea Christian Academy. The school also reserves the right to dismiss any student whose financial obligation remains unpaid after the due date.
4. The teachers as well as the administration are given permission to implement needed discipline. We understand that discipline can include suspension and expulsion.
5. We understand that we are expected to support the standards of the school at home. Should there be any question, we will contact the administration for a conference. If the problem cannot be remedied, we agree to withdraw our child quietly from the school rather than encourage discord or unrest among others.
6. As parents, we agree to support Berea Christian Academy with a willing and cheerful attitude. We will give proper attention to each of the following:
 - a. We will not criticize the administration and facilitators in the presence of our children or others. We will seek a private consultation with the administration to resolve any areas of conflict.
 - b. Although we may not be in complete agreement with the applications of the Biblical principles from which the school has determined some of its rules and policies, we will cooperate fully by upholding the policies as set forth in the Berea Christian Academy Student and Parent Handbook.
7. It is our responsibility as the parents/guardians to pay tuition and other fees as stated in the current Financial Information Sheet. We understand that payment will be made for lost or damaged school property caused by our child. We understand that if the student withdraws and has attended one day or more of classes during that month, we will owe the tuition payment for the entire month.
8. We give our child permission to participate in all school activities including sports and school sponsored trips. In case of accident or serious illness, we request the school to contact us. If the school is unable to reach us, we authorize the school to call our physician and to follow his instruction. If it is impossible to contact the physician, the school may make whatever arrangements are deemed necessary.

We have read the above statements and agree to cooperate with Berea Christian Academy in the education of our child.

Parent's Signature

Today's Date