



2017-2018 School Registration

___ Returning Student ___ New Student ___ Grade for 2017-2018

Start Date _____ Withdrawal Date _____

Student's Legal Name (Exactly as name appears on the Birth Certificate or Court Order Name Change Document)

Last _____ First _____ Middle _____

Birth Date ___/___/___ Gender M F Age of Child as of Sept 1, 2017 ___ Social Security #: _____

Student lives with ___ Both parents ___ Mother only ___ Father only ___ Mother/Step-Father ___ Father/Step-Mother
___ Other legal guardian(s)

Who is financially responsible for this child? ___ Joint ___ Mother ___ Father ___ Other legal guardian

Father/Legal Guardian Title: Mr. Dr. Driver's License Number: _____

First Name _____ Last Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ *Cell Phone _____ E-mail _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Church affiliation _____ Member? ___ Yes ___ No

Occupation _____ Employer _____

Work Address _____ Work Phone _____

I acknowledge that the information that I have provided on this Registration form is truthful and correct.

Mother/Legal Guardian Title: ___ Ms. ___ Mrs. ___ Miss. ___ Dr. Driver's License Number: _____

First Name _____ Last Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ *Cell Phone _____ E-mail _____

Marital Status ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Church affiliation _____ Member? ___ Yes ___ No

Occupation _____ Employer _____

Work Address _____ Work Phone _____

I acknowledge that the information that I have provided on this Registration form is truthful and correct.

Parent Signature _____ **Date** _____

Emergency Contact Information:

In case of an emergency in which the parents/legal guardians cannot be reached, please call...

1	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Address
2	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Add
3	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Address

Pick-Up Information:

Children will only be released to a parent or a person designated by the parent/guardian after verification of photo ID.

In the event a parent cannot pick up the student after school, the following persons are authorized to do so...

1	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Address
2	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Address
3	_____	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell/Work Phone	Address

The following **MAY NOT** Pick Up/Restricted: _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

My child's Physician: _____ Address _____ Phone _____

Or if necessary, to the following Emergency Medical Care Facility:
Driscoll Hospital 3533 S. Alameda, Corpus Christi, TX 78411 (Phone 694-5000)

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Responsible Party _____ Date _____

Please list any special medical concerns that your child may have:

Allergies and/or existing illness _____

Medications for long-term use _____

Wears glasses/contacts/assistive hearing device? Yes or No specify _____

Surgeries/major medical procedures _____

History of major illness, injury, or hospitalizations during the last 12 months: _____

Health Requirements 2017 – 2018

Child's Name _____ Birth Date _____

I have provided the school/childcare facility with a **copy of my child's most current immunization record**, which has the signature or stamp of a physician or public health personnel verifying immunization information.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. **If your child has had chickenpox, please complete the statement:**

My child had Varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's Signature: _____ **Date:** _____

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Admission Requirement: One of the following must be presented when your child is admitted or within one week of admission.

Please check only one option:

1. _____ Health-care Professional's statement: I have examined the above named child within the past year and find that he/she is able to take part in the school and daycare program.

Health Care Professional's Signature _____ **Date** _____

2. _____ A signed and dated copy of a health care professional's statement is attached.

3. _____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Name of health care professional: _____

Address of health care professional: _____ **phone:** _____

Parent or legal guardian Signature: _____ **Date** _____

For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm

INFORMATION CONCERNING CHILDREN WITH FOOD ALLERGIES

My child **does not** have any known food allergies.

Parent's signature: _____ Date: _____

~~~~~

If your child does have any known food allergies, please read the following statement carefully and ask your child's physician to provide the required documentation, a **FARE-Food Allergy and Anaphylaxis Emergency Care Plan**. The forms for this Plan are available in our school office. We need this documentation to be in your child's file before your child begins attending First Baptist School.

The Minimum Standards for Licensed Child Care Centers state:

The child care center must have a food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health care professional. The child's health care professional and parent must sign and date the plan.

**A food allergy emergency plan is an individualized plan prepared by the child's health care professional that includes:**

1. A list of each food the child is allergic to;
2. Possible symptoms if exposed to a food on the list;
3. The steps to take if the child has an allergic reaction.

**A list of children who have food allergies, food restrictions requested by parents, a history of asthma, and insect allergies is posted in every classroom and inside the kitchen/cafeteria doorway.**

I will provide a **FARE-Food Allergy and Anaphylaxis Emergency Care Plan** for my child's file and I agree to allow my child's name to be posted on the classroom list so that every teacher will be aware to take precautions.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Custody of Student

\_\_\_ No custody issues apply to our family. (If you check here, sign and skip to next page.)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

If a custody issue applies to your family, please complete the following:

- Mother & Father have joint custody and either parent may pick up the child. \_\_\_\_\_
- Mother has sole custody. \_\_\_\_\_
- Father has sole custody. \_\_\_\_\_
- Other \_\_\_\_\_
- Please list any restrictions or visitations rights that may pertain to your case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Baptist School must have a copy of **signed** legal documents on file for custodial, legal, or court restrictions.

A copy of **signed** legal Court documents have been submitted for my child's file.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## **First Baptist School Disciplinary Guidelines and General Code of Conduct**

Any student enrolled at First Baptist School whose behavior prevents other students from learning or endangers the safety of themselves, other students, the faculty or staff will be subject to removal, either temporary or permanent, at the discretion of the FBS principal.

First Baptist School does not provide teachers or staff members who are trained in special needs, whether physical, emotional, or educational. While we welcome a diverse population, ALL students will be expected to follow the same curriculum and behavioral guidelines as those without special needs.

No staff member or parent should publicly criticize the policies of the administration; as this tends to breed dissension and cause unrest. When differences arise, as can happen in any organization, the matter should be addressed privately with the administration, and not become a public matter involving other parents or students. At no time with loud, abusive or inappropriate language or threatening behavior be tolerated. This conduct will result in the immediate conclusion of meeting/conference, and could result in the offender being banned from the campus, temporarily or permanently. Whenever differences arise, the staff member or parent must follow the proper procedures, listed on page 15 of the Student Handbook.

I have read the FBS School Disciplinary Guidelines/Code of Conduct agree to follow/uphold its policies.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number

This signed document will be kept on file in the school office.

2/5/2017



## Before and After-School Care and Holiday Day Care

My child will **normally** stay for after-school care on the following days:

Monday       Tuesday       Wednesday       Thursday       Friday

Anticipated pick up time: \_\_\_\_\_

I will use after-care as needed.

*Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)*

---

## Release of Media Authorization

All activities and events sponsored by First Baptist School may be photographed or recorded on video. These images may be presented in various school-sponsored media including, but not limited to: school facebook page, school website, newsletters, brochures, slide presentations, local newspaper or television. (If your child is in Folklorico, they will automatically be on television, when they perform on Domingo Live.)

*Denying photo usage means your student will be removed from photo ops at programs, special events, and field trips. If your child is the middle of a large group, his/her face will be blurred, in order that the photo can still be used.*

Any parent who does **NOT** want to release images of their child for use by FBS must complete the "Photo Release" form in the school office.

**Last School Attended Information:** (Only for New Students enrolling in 1<sup>st</sup> -5<sup>th</sup> grades)

Name of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Repeated a Grade Level?      Yes      No      If yes, what grade level? \_\_\_\_\_

Please provide any additional information which might help in meeting the academic, health, or social needs of your child.

---

---

---

---

Elementary Enrollment Checklist

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School  
Use Only

\_\_\_\_\_ Student's Birth Certificate

\_\_\_\_\_ Current Immunization Record

\_\_\_\_\_ Report Card/School Records from Previous School (Grades 1-5)

\_\_\_\_\_ Photo ID of Parents

\_\_\_\_\_ Disciplinary Statement from Previous School



# First Baptist School PARENT CONTRACT for ELEMENTARY 2017- 2018 (school copy)

---

As the parent/guardian of \_\_\_\_\_, I hereby make agreement to enroll my child in First Baptist School and agree to abide by all school policies and procedures as well as the following provisions of this contract.

**Registration fee** is payable in full at the time of registration and is non-refundable.

**Tuition** is paid ONLY through the Smart Tuition draft, a tuition management company. I understand that the monthly tuition is due in full on the 1<sup>st</sup> or 15<sup>th</sup> of each month depending on what day I designated on the Smart Tuition registration form. I also understand that a delinquent fee of **\$65.00** will be assessed to my account if tuition is not paid in full by the date I designated on the Smart Tuition registration form. Parents must contact the school in order to make changes or delay a payment.

***If monthly tuition and late fees are not paid in full by the end of the month, the student will be unable to return to school the next month, unless prior arrangements have been made with the principal.  
A student will be withdrawn if payments are delinquent for more than 45 days.***

**Neither credit nor refund is granted for a child's absence from school, school holidays or vacations.**

**Withdrawing a child from school:** Parents must submit written plans, including dates, for withdrawing a child from FBS. Charges will continue to incur until office personnel receive such notice. In every case of withdrawal, tuition is payable to the end of the month in which the child is withdrawn. A child's records will not be transferred until full payment of account balance is received.

**Lunches MUST be paid in advance:** Elementary Lunches served in the cafeteria are \$3.50 daily. A lunch account must maintain a positive balance, otherwise, the student will need to bring a lunch from home daily. You will be notified when your account has only a few days left.

**Drop-in Before/After Care:** Extra daycare charges must be paid within 5 days of the date incurred. **If not paid in full within 5 days, your child or children will not be able to stay for daycare until the balance is paid in full.** You will be called to pick up your child. Understand that failing to pick up your child by 6:00 p.m. (**according to the school's clock**) will result in a late pick-up charge of \$2.00 per minute per child.

I have been informed of the school's hours of operation, tuition, and registration fees and have received a handbook stating the school's policies. I understand First Baptist School does not practice racial discrimination. I have read and will comply with the above stated policies. I understand that failure to accept these responsibilities could result in the dismissal of my child from the school.

By enrolling my child in First Baptist School, I agree to follow and support all policies and procedures outlined in the First Baptist School Handbook.

\_\_\_\_\_  
Responsible Parties' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Responsible Parties' Signatures  
(Two signatures required where applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childcare Director

# First Baptist School PARENT CONTRACT for ELEMENTARY 2017- 2018 (parent copy; tear off and keep)

---

As the parent/guardian of \_\_\_\_\_, I hereby make agreement to enroll my child in First Baptist School. I/We agree to abide by all school policies and procedures as well as the following provisions of this contract.

**Registration fee** is payable in full at the time of registration and is non-refundable.

**Tuition** is paid ONLY through the Smart Tuition draft, a tuition management company. I understand that the monthly tuition is due in full on the 1<sup>st</sup> or 15<sup>th</sup> of each month depending on what day I designated on the Smart Tuition registration form. I also understand that a delinquent fee of **\$65.00** will be assessed to my account if tuition is not paid in full by the date I designated on the Smart Tuition registration form. Parents must contact the school in order to make changes or delay a payment.

***If monthly tuition and late fees are not paid in full by the end of the month, the student will be unable to return to school the next month, unless prior arrangements have been made with the principal.***  
**A student will be withdrawn if payments are delinquent for more than 45 days.**

**Neither credit nor refund is granted for a child's absence from school, school holidays or vacations.**

**Withdrawing a child from school:** Parents must submit written plans, including dates, for withdrawing a child from FBS. Charges will continue to incur until office personnel receive such notice. In every case of withdrawal, tuition is payable to the end of the month in which the child is withdrawn. A child's records will not be transferred until full payment of account balance is received.

**Lunches MUST be paid in advance:** Elementary Lunches served in the cafeteria are \$3.50 daily. A lunch account must maintain a positive balance, otherwise, the student will need to bring a lunch from home daily. You will be notified when your account has only a few days left.

**Drop-in Before/After Care:** Extra daycare charges must be paid within 5 days of the date incurred. **If not paid in full within 5 days, your child or children will not be able to stay for daycare until the balance is paid in full.** You will be called to pick up your child. Understand that failing to pick up your child by 6:00 p.m. (**according to the school's clock**) will result in a late pick-up charge of \$2.00 per minute per child.

I have been informed of the school's hours of operation, tuition, and registration fees and have received a handbook stating the school's policies. I understand First Baptist School does not practice racial discrimination. I have read and will comply with the above stated policies. I understand that failure to accept these responsibilities could result in the dismissal of my child from the school.

By enrolling my child in First Baptist School, I agree to follow and support all policies and procedures outlined in the First Baptist School Handbook.

\_\_\_\_\_  
Responsible Parties' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Responsible Parties' Signatures  
(Two signatures required where applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childcare Director



## Volunteer Form

This application is to be completed by anyone interested in volunteering this school year. This includes field trip drivers/chaperones, class party helpers, assisting with special projects or supervising students in any capacity. This ensures that our school provides a safe and secure environment for all children. Your information will NOT be shared.

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

Present Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have a current driver's license?    NO    YES

License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?

NO    YES

If yes, please describe all convictions for the past five years. \_\_\_\_\_

**\*Field trip drivers will need to show proof of insurance before the event.**

**First Baptist School does NOT give permission to carry a weapon (concealed or openly) on our grounds OR while attending any FBS sponsored activity OFF-CAMPUS. This includes field trips.**

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

6/22/16ml

# FBS Tuition and Fees

EFFECTIVE for the 2017-2018 School Year  
(parent copy; tear off and keep)

**BOTH the Registration Fee (paid in full) AND the Completed Paperwork must be turned in before the student will be officially enrolled in a class.**

|                                                                             |                                                                                                                                                    |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Kindergarten Registration Fee</b>                                        | <b>\$400.00</b> (non-refundable) if paid by April 21 <sup>st</sup><br><b>\$500.00</b> (non-refundable) if paid <b>AFTER</b> April 21 <sup>st</sup> |
| <b>1<sup>st</sup> – 5<sup>th</sup> Grade Registration Fee</b>               | <b>\$500.</b> (non-refundable) if paid by April 21 <sup>st</sup><br><b>\$600</b> (non-refundable) if paid <b>AFTER</b> April 21 <sup>st</sup>      |
| <hr/>                                                                       |                                                                                                                                                    |
| <b>Kindergarten Tuition</b>                                                 | <b>\$4900.</b> annual tuition<br><b>\$490.</b> 10 monthly payments                                                                                 |
| <b>1<sup>st</sup> - 5<sup>th</sup> Tuition</b>                              | <b>\$5100.</b> annual tuition<br><b>\$510.</b> 10 monthly payments                                                                                 |
| <hr/>                                                                       |                                                                                                                                                    |
| Before and/or After-School Daycare<br>(7:00 – 8:00 a.m.) (3:15 – 6:00 p.m.) | \$150.00 per month                                                                                                                                 |
| Drop – in Daycare Fee (per day)                                             | \$15.00                                                                                                                                            |
| Late pick-up fee (per minute after 6:00 pm)                                 | \$2.00                                                                                                                                             |

### Available Discounts: *with administrative approval*

(only one discount may be used; largest qualifying discount will apply)

- Early Registration---before April 21<sup>st</sup>.....\$100 off registration fee
- First Baptist Church Active Member.....10% off monthly tuition
- Active Duty Military, Law Enforcement, and Firefighter.....10% off monthly tuition
- Active Area Church Ministers’ Children.....20% off monthly tuition
- Multiple child discount.....2<sup>nd</sup> child 5%, 3<sup>rd</sup> child 5%
- Referral Discount.....Currently enrolled family receives a one-time \$100 discount off any fee/tuition for referral/enrollment of each family enrolling new students in FBS.
- Pre-pay full year tuition by July 1<sup>st</sup> .....2.5% discount on tuition
- Pre-pay 1<sup>st</sup> semester tuition by July 1<sup>st</sup> .....1.0% discount on tuition
- Pre-pay 2<sup>nd</sup> semester tuition by December 16<sup>th</sup> .....1.0% discount on tuition