
APPLICANT'S NAME _____ GRADE _____

APPLICATION FOR ADMISSION

Bethesda Christian Academy

1914 South Miami Blvd. • Durham, NC 27703

Telephone: (919) 598-0190

Fax: (919) 596-3760

www.bcacrusers.org



We would like to take this opportunity to thank you for considering **Bethesda Christian Academy** in the educational future of your child. We truly feel that the academy is a school of strong academic, spiritual, physical and social excellence. As a ministry of Bethesda Baptist Church, the academy has been providing quality Christian education in the Durham-Raleigh area since 1995. We count it a privilege to be able to assist you as you seek to train your child to be a loving servant for our Lord Jesus Christ.

Bethesda Christian Academy

ENROLLMENT APPLICATION

Application Checklist:

- Registration Fee
- Birth Certificate
- Social Security Card
- Medical Form
- Copy of Report Cards and End of Grade Testing

General Information:

Sex: ___ Male ___ Female Grade Applying to: _____
Last Name: _____ First Name: _____ Middle Name: _____
Preferred Name: _____
Birthdate: ___ mo. ___ day ___ year Student's Social Security No. ___ - ___ - _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
How long at this address? _____
Home Phone (____) _____ - _____ Home E-mail address: _____

Emergency Medical Information:

Name of Emergency Contact: _____
Contact's Relation to You: Relative Friend Guardian Other _____
Applicant's Doctor: _____ Doctor's Phone (____) _____ - _____

Parent/Guardian and Family Information:

Father's Name: _____	Mother's Name: _____
Employer's Name: _____	Employer's Name: _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____ Pager: _____	Cell Phone: _____ Pager: _____
Work E-mail: _____	Work E-mail: _____

Church Attending: _____ Pastor's Name: _____
Church Member: Yes No Attendance: Regular Seldom Never

*Bethesda Christian Academy does not discriminate with respect to race or national origin in the enrollment of students or in the hiring of employees.
Bethesda Christian Academy is a discipleship school seeking to serve Christian families actively involved in church.*

Family Information:

1. Previous school attended by student: _____
2. Address of previous school: _____
3. Medication for diagnosed condition? Yes No If yes, name of medication _____
4. Does your child have any health problems? Yes No If yes, describe: _____

5. Are you aware of any spiritual, physical, emotional, or academic problem concerning your child? Yes No
If yes, describe: _____

Please attach any diagnostic tests for ADD, ADHD, LD, etc. so we may better assist your child.

6. Has your child ever repeated a grade? Yes No If yes, describe which grade and why: _____

7. If your child has had problems in school, please explain: _____

Pastoral Reference:

1. Is this family a member of your church? Yes No
2. Number of years the family has attended your church: _____
3. Frequency of attendance of family: Weekly Monthly Occasionally
4. Parent activities include:

___ Sunday School Attendance	___ Choir
___ Teaching	___ Committees
___ Youth Work	___ Children's Work
___ Other _____	
5. Student's activities include:

___ Sunday School Attendance	___ Choir
___ Children's Activities	
___ Other _____	
6. If there are any other factors we should consider, please state below:

Pastoral Staff Signature/Staff Position

Church Phone Number

Statement of Cooperation:

1. It is required that parents or legal guardians pay tuition for each registered student in the amount stated on the Schedule of Fees for the current school year. The annual tuition is divided into eleven equal payments, due on the first of every month from July 1st to May 1st. I understand that in any month in which my tuition payment is not received by the 10th, a \$20.00 late charge will be added to the amount due that month. I further recognize that if I fail to bring my account current by the end of the month, my student(s) may no longer attend class until I do bring it current, including late charge.
2. I understand that no refund will be made on registration fees.
3. I hereby give the teachers and principal full discretion in the Biblical discipline of my child/children. I understand that corporal punishment will not be administered by school personnel. Likewise, I understand that if my student must be suspended, I will be called to take him/her home.
4. I agree that the school may reserve the right to dismiss any student who will not cooperate with the educational process, or whose parents or legal guardians refuse their cooperation.
5. I understand that I will be liable for any damages my child causes to school or church property.
6. I give permission for my child to participate in all school activities, including school-sponsored trips away from the school premises (field trips). I further absolve the school of any reasonable liability - to me or to my child - for injuries while at school or during any school activity. I understand that the school has purchased School Time Accident Insurance for each student.
7. In case of serious illness or other emergency, I ask that the school staff try to reach me. If the school cannot reach me or my child's doctor, I give permission for the staff to take whatever steps they deem necessary.

I (we) have filled out the Enrollment Application, have read both the Statement of Faith found in the Handbook and this Statement of Cooperation, and have attached the fee for registration. I (we) hereby authorize Bethesda Christian Academy to process the completed application for acceptance.

Name

Date

Name

Date

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