

BETHEL BAPTIST SCHOOL Registration Card 2009-2010

ACCT # _____

Please print using black ink.

Date ____/____/20____

Student Information

Last Name _____ First Name _____ Middle Name _____ Social Security Number _____
 Street Address _____ City _____ Zip Code _____ Birth Date ____/____/____
 Grade Entering _____ Age _____ Last School Attended _____ Grade Average _____ Male/Female _____ Telephone Number (____) _____-_____
 List Allergies and/or Prescription Medications Taking _____
 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12
 (Circle grades attended at Bethel)

 Teacher (office use only)

Family Information

 Please check if parents are separated and include an additional address below.

-
- Father
-
-
- Mother

Street Address _____ City _____ Zip Code _____
 Father's Last Name _____ Father's First Name _____ Cell Phone/Pager (____) _____-_____
 Father's Employer _____ Employer Phone Number (____) _____-_____
 Email Address _____
 Mother's Last Name _____ Mother's First Name _____ Cell Phone/Pager (____) _____-_____
 Mother's Employer _____ Employer Phone Number (____) _____-_____
 Email Address _____

Other Children Attending Bethel:

Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____

Emergency Information for medical decisions and child pick up **if you are unreachable.** (English speaking please) These names should not include parents' names.

Name _____ Home Phone Number (____) _____-_____
 Work or Cell Phone Number (____) _____-_____
 Name _____ Home Phone Number (____) _____-_____
 Work or Cell Phone Number (____) _____-_____
 Name _____ Home Phone Number (____) _____-_____
 Work or Cell Phone Number (____) _____-_____

Names of people who may NOT pick up your child from school _____

Financial Information

Place an "X" in all the applicable blanks.

I would like to: _____ pay my yearly tuition in full (before July 17, 2009)

 _____ be placed on the 10 month payment plan for September-June School year
 (Payments are made August 1 - May 1)

 My child will be: Full Day _____ OR Daycare: am _____ pm _____ both _____
 8 am - 3:30 pm 7 am - 3:30 pm 8 am - 6 pm 7 am - 6 pm

 R _____ T _____ DC _____
 (office use only)

Read and complete information on reverse side.

Staff Initials _____