

BAPTIST ACADEMY
2010-11 RE-REGISTRATION FORM

Dear Parents:

This RE-REGISTRATION FORM assures us that you plan on enrolling your child(ren) for the next school year, barring unforeseen circumstances. This RE-REGISTRATION FORM should be returned by April 5th to get the lowest registration rate.

The RE-REGISTRATION FEE (*nonrefundable and nontransferable*) must accompany this RE-REGISTRATION FORM as follows..through April 5, \$60.00 per student; through May 3, \$80.00 per student; after May 3, \$100.00 per student.

FOR FALL TERM of 2010-11 Date _____

Father's Name _____ **Current Work #** _____

Mother's Name _____ **Current Work #** _____

Home Address _____

Street City Zip + 4

Home Phone # _____ **Cell #** Father: _____ Mother: _____

E-Mail address _____

With whom does the student(s) reside: _____

Please provide name and address of non-custodial parent: _____

Who will be financially responsible for the school bill? Name: _____
 Relationship: _____

Please contact the school office for any changes that have occurred since filling out the Family Application, i.e. medical information, change of work. numbers, etc.

Please give us a current EMERGENCY # to use in case we cannot contact either parent.

Name _____ Relationship to Child _____
 Emergency Phone # _____

If necessary, do we have permission to give your child(ren) non-aspirin? Yes ___ No ___

Church presently attending _____ **Pastor** _____

STUDENT'S NAME(S)	GRADE ENTERING	BIRTHDATE	SOCIAL SECURITY #

If your child is entering **K4** or **K5**, please ✓ *full day* or *half day*... _____ *full day* _____ *half day* _____ ****Non Traditional (K3/K4)**
K4 must be 4 years old by Aug. 1st K5 must be 5 years old by Aug. 1st

PLEASE TURN THIS SHEET OVER FOR MORE IMPORTANT INFORMATION!

