

APPLICANT'S NAME: _____ GRADE: _____

Bayshore

CHRISTIAN SCHOOL

"Faith Warriors"

APPLICATION FOR ADMISSION

3909 S. MacDill Avenue

Tampa, Florida 33611

Telephone: 813.839.4297

Fax: 813.835.1404

Website: www.bayshorechristianschool.org

Bayshore Christian School admits students without regard to race, color, sex, national or ethnic origin.

STUDENT INFORMATION

The following questions will give us some important information about your child. If additional space is needed to explain your answer, please feel free to attach a separate sheet.

1. Have you previously applied to have your child admitted to Bayshore Christian School? Yes No
2. Has your child previously attended Bayshore Christian School? Yes No
3. Has your child ever failed a grade or been retained in a class from any school?
 Yes No
If yes, please explain _____

4. Has your child ever been dismissed from or been refused admission to another school?
 Yes No
If yes, please explain _____

5. Has your child ever been involved in disciplinary action beyond a classroom teacher's involvement (sent to the principal, discipline committee, etc)? _____

6. Has your child ever had discipline problems? Yes No
7. Has your child ever had problems with attendance (tardiness)? Yes No
8. What has been the overall level of your child's work in the past? (A, B, Etc.) _____
9. Does your child have a Learning Disability? Yes No
If yes, please include a copy of all testing that has been done.
10. Has your child ever utilized the services of a counselor in private practice, psychiatrist, or clinical psychologist? Yes No
11. Has your child ever used alcohol, illegal drugs, or tobacco products? Yes No
12. Is your child presently involved in using alcohol, illegal drugs, or tobacco products?
 Yes No

13. Has your child had any encounters with law enforcement, juvenile, or legal agencies?
_____ Yes _____ No

14. Please list below your child's extracurricular interests, abilities (including musical instruments) and achievements:

15. What school did your child last attend? _____

Address: _____ Phone: _____

16. Other schools attended (chronological) _____

17. Do you currently have any outstanding balance at other private/Christian schools?
_____ Yes _____ No (if yes please explain)

18. Please explain why you would like your child to attend Bayshore Christian School:

19. Do you desire that your child be trained in the principles of the Word of God?
_____ Yes _____ No

20. Have other children in your family previously attended Bayshore Christian School?
_____ Yes _____ No If so, and they are not currently enrolled, what year did they
Graduate _____ or withdraw? _____

21. Please write below any further information which you feel may assist us in the
Guidance of your child at BCS:

**BEFORE-SCHOOL CARE/AFTER-SCHOOL CARE
ENROLLMENT FORM**

My child will be in: _____
____ BSC
____ ASC

My child will be a(n): _____
____ Regular user (billed monthly)
____ Occasional user (coupons bought in advance)

Date: _____ School Year: _____ Grade Entering: _____ Date to Begin: _____

Student's Name: _____
Last First Middle Home Phone

Mailing Address: _____
Street City Zip

Father's Name: _____ Cell Phone: () _____
Employer: _____ Work Phone: () _____

Mother's Name: _____ Cell Phone: () _____
Employer: _____ Work Phone: () _____

If parents are separated or divorced, with whom does the child live? _____
Any special custody situations or problems should be noted here: _____

Name of individuals authorized to pick up your child (other than those listed above):

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Medical Emergency Information

List any medical, dietary or handicapping conditions that your child has: _____

Physician's Name: _____ Phone: () _____

Address: _____ Hospital Preference: _____

Responsible adult to contact if parents can't be reached:

Name: _____ Phone: () _____

Regular User: \$150 per month
Occasional User: \$10.00 per coupon (available in the school office)

After-school care ends at 6 p.m. Late pick-up between 6 and 6:15 requires a \$5 fee per child, with an additional \$5 charge per child for each 15 minutes (or portion of 15 minutes) thereafter. The late fee is due when you pick up your child.

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DISCIPLINE PRACTICES AND PROCEDURES

Thank you for enrolling your child in Bayshore Christian School. We consider it both a privilege and a responsibility to guide your child as he/she grows and learns. We partner with parents in developing responsible, loving, self-reliant young learners.

The goal of discipline is to develop kind, thoughtful and self-confident children who make good choices as they mature. We are constantly mindful that training takes time and patience. We always are aware of the developmental stages of young children.

At Bayshore Christian School we encourage positive behavior in the following ways:

1. Routine: We plan an ordered, predictable routine that promotes a feeling of security in your child's classroom.
2. Choice: Within the structured learning environment we allow young students choices of activities, centers and equipment. Freedom to choose gives children positive self-control.
3. Language Skills: When we give children the power of words, we help them to express themselves as they solve conflicts.
4. Respect: We love and respect each child and help them to show respect to others.

If your child experiences difficulty controlling his/her behavior we will assist in these ways:

1. Redirect: Your child will be redirected to better, more positive choice of behavior, words or activities.
2. Removal: If the problem still exists, your child will be removed from the group to regain control.
3. Readiness: After your child has thought about more positive choices and regained self-control he/she is ready to return to the group.
4. Remedy: If the inappropriate behavior continues, parents will be called. In a conference the parent-teacher team will discuss the remedy and plan of action.

The Hillsborough County Ordinance of “Child Discipline” requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or other form of physical punishment is prohibited. Discipline shall not be associated with food, rest, or toileting. Children shall not be subjected to discipline which is severe, humiliating or frightening.

Please sign below to indicate that you received and read “Discipline Practices and Procedures”, “The Flu”, and “Know Your Child Care Facility”.

Name: _____ Date: _____
(Signature)

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING

(ACH DEBITS)

Name(s): _____ ID Number: _____
(Please Print) (Office Use Only)

I (we) hereby authorize Bayshore Christian School (hereinafter called "Company") to initiate debit entries of \$ _____ monthly for _____ months beginning _____, 20____, and ending _____, 20____, to my (our) _____ (checking) or _____ (savings) Account indicated below and the depository named below (hereinafter called "Financial Institution"), to debit the same such account.

Please choose the day you want withdrawal ____ 1st ____ 15th
(If no date is chosen the debit will be done on the 1st of each month)

Financial Institution: _____

Branch: _____ City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

IMPORTANT

ATTACH A VOIDED CHECK FROM CHECKING ACCOUNT OR A DEPOSIT SLIP FROM SAVINGS ACCOUNT

Bayshore Christian School

Permission and Agreement Form

Please INITIAL on the line preceding each paragraph and sign at the bottom

_____ **Permission To Travel Authorization: (for school-sponsored field trips, activities and athletics):** I give permission for my child to be transported to and from any school-sponsored activity or field trip on authorized school vehicles.

_____ **Permission for Emergency Medical Treatment:** I understand that in the case of medical emergency, whether at school or on a school-sponsored trip, every effort will be made to contact me at home or at work. The child's physician will be contacted if I cannot be reached. If emergency hospital treatment is necessary, every effort will be made to use the hospital indicated as my preference. However, if circumstances so dictate, I give permission for any physician or any medical facility to begin emergency treatment until I can be reached. (All Bayshore Christian School students are covered by supplemental student insurance. This is a secondary policy, becoming effective after the parent's primary insurance.)

_____ **Corrective Disciplinary Action Policy:** I understand that corrective disciplinary action, when it becomes necessary, may involve before-school or after-school detention, work detail, in-school or out-of-school suspension, or expulsion.

_____ **Parent Statement of Cooperation:** I understand that the school is a Christian institution and that its tenets, rules and methods are established on that basis. I am open to the teaching of God's Word to my child. BCS accordingly reserves the right to terminate or to not renew a student's enrollment contract if the school's administration concludes that the actions of a parent or guardian make a positive and constructive relationship impossible. Any action by a student and/or his or her parents or guardian that seriously interferes with the school's ability to accomplish its purpose may result in termination.

We certify that all information provided on this form is accurate to the best of our knowledge. We understand that any omissions or misrepresentations could lead to the dismissal of the student.

Father's Signature

(Date)

Mother's Signature

(Date)

_____ **Student Statement of Cooperation:** It is my desire to attend Bayshore Christian School. I will abide by its rules, and I understand that failure to cooperate in maintaining its ideals of academic and Christian conduct, on or off school property, may result in my dismissal whenever the general welfare requires, even though there may be no specific breach of conduct precipitating suspension. I am open to the teaching of God's Word, the Bible.

Student's Name (printed) (Date)

Student's Signature

(Date)

TUITION AND FEE SCHEDULE

2010-2011

Tuition

Pre-K2 – K5	\$6,780.00
Grade 1 – 5	\$7,280.00
Grade 6 – 8	\$7,665.00
Grade 9 – 12	\$8,085.00

Required Fees

Application Fee	\$75.00
Acceptance Fee	\$200.00
Testing Fee (if applicable)	\$45.00

Before School Care and After School Care

Daily Rate:	
Before Care	\$5.00
After Care	\$10.00
Monthly Rate:	
Before Care	\$50.00
After Care	\$150.00
Late Pick Up Charge (per quarter hour)	\$10.00

Sports Fees

Graduation Fees

Seniors	\$125.00
Kindergarten	\$35.00

Hot Lunch Program

K-2 through 2 nd grade (per day)	\$4.00
3 rd grade through 12 th grade (per day)	\$4.50

Other Fees

Late Payment Fee	\$25.00
Return Check/ACH Fee	\$25.00