

EBENEZER CHRISTIAN SCHOOL

Registration Form

2022-2023 Year

Please type or print legibly

Date of the Application _____

Grade Applying for _____

Student Information

Student: First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Last Grade Completed in Previous School _____ Birth date ____ / ____ / ____ Age _____

Street Address _____ Town/City _____ State ____ Zip _____

Child's Home Phone _____ Cell Phone _____

Nickname _____

Ethnicity/Race:

American Indian/Alaskan Native: _____ Hispanic _____ Black/African American _____

White _____ Asian _____ Other _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____ Town/City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Cell phone _____

Fax _____ E-mail _____ Occupation _____

Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____

Cell phone _____ Fax _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____ Person responsible for payment _____

This information is for planning purpose; It is not a contract.

If any information is falsified or omitted admittance in this school may be terminated Page 1

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ Relation: _____
2: _____ Relation: _____
3: _____ Relation: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance _____
Provider _____ Primary Physician _____
Address _____ Phone _____
Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem? Yes _____ No _____

If yes, explain: _____

Treatment Required. Yes _____ No _____

Should paramedics be called? Yes _____ No _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___

If yes, explain: _____

Is your child allergic to any type of food or medication? Yes _____ No _____

If yes, explain: _____

Does your child require a special diet? Yes _____ No _____

If yes, explain: _____

Has this student received immunizations? DTP/DTaP/DT/Td _____

Polio _____ NMR _____ Varicella _____ Hepatitis B _____

In the event of a student injury regular school activity, the staff will seek medical care as soon as possible.

Medical release forms must be on file for all students.

(The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.)

Scholastic Information

Has this student ever been expelled, dismissed suspended or refused admission to another school? _____

If yes, explain:

Has your child ever been diagnosed with?

A learning disability? _____

Attention deficit disorder? _____

Attention deficit disorder with hyperactivity? _____

Central auditory processing disorder? _____

Has your child ever been prescribe medication for any of the above disorder? _____

Has this student ever has disciplinary difficulty at school? _____

If yes, explain: _____

Does this student has a juvenile or arrest record? _____

If yes, explain: _____

Has this student ever used tobacco or nonprescription drug of any kind? _____

If yes, explain:

Has this student ever been experienced any discipline or conduct problems, school, grade retention, double promotion, IEP or special education services? ____

If yes, please specify

ALUMNI:

Name any family members/ close relatives who attended ECS:

Religious Information

Church Attending _____

Address: _____

Pastor: _____ Phone _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant ever made profession of faith in Christ? Yes _____ No _____

Directory Information

We will provide a student directory of contact information for each family: We ask that these be only to be used by/ for Ebenezer Christian School families. Please select your preference for inclusion below.

_____ please include me in the directory

_____ Please Do NOT included me in the directory

Foreign Student Information

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (mm/dd/yyyy)	School	School Year
Country of student's birth	Student's initial entry into a U.S. school (mm/dd/yyyy)	

Home Language

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need translation services to understand ECS school records? Yes ___ No ___	If yes, in which language?
Do you need translation services to understand ECS school records? Yes ___ No --	If yes, in which language?
Do you need an interpreter for school system meetings involving your child's education? Yes ___ No ___	Date
Parent/Guardian Home/Cell Phone () -	Parent/Guardian Work Phone ()

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Previous school Attended

School Name	Withdrawal Date
School Address	Phone Number
City	State
The student was identified for Special Education services. Yes __ No __	If yes, identify the exceptionality:

I understand that, I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Ebenezer Christian School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Drop Off and Pick Up Time: 8:00 AM to 3:00 PM

7:00 AM before care

3:00 PM to 5:00 PM care and after care (see admissions regarding before and after care)

A \$ 1.00 fee will be charged for every minute late after a 10-minute courtesy wait.

Please circle how you heard about Ebenezer Christian School

Website ___ School ___ Word of Mouth ___ Other Parent _____ Face book _____

Flyer _____ Internet _____ Other _____

Terms of Agreement/Photo Release

I hereby give permission for my child to be photographed during the **Ebenezer Christian School 5707**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Ebenezer Christian School 5707** and its affiliates.

Parent's/Guardian's Initials: _____

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Ebenezer Christian School 5707** activities by modes of transportation agreed to by the school organizers.

Parent's/Guardian's Initials: _____

Parent's/Guardian's Initials: _____

Lost or Damaged Personal Property

Ebenezer Christian School and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent Volunteer Program:

I understand; Ebenezer Christian School 5707 families need to volunteer 40 hours of time during the school year or be charged \$300.00/ and \$30.00 per hour for the remaining hours.

Withdrawal Policy:

I understand and agree that if I withdraw my child/children prior to July 1, 2022; I will be responsible for \$350.00 fee for each child. Curriculum fee is due for the entire year. If a student is withdrawn during the school year, tuition is due through the end of the last month the student attended.

All account balances must be paid in full and all books returned before student records can be released.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Discrimination Policy

Ebenezer Christian school admit students of any race, color, national or ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. ECS does not discriminate of its educational policies, admission policies, athletic and other school-administered programs. Please be aware that our school is not to serve children having need that would be best met in a special education setting.

General information

How did you hear about this school? _____

Reason for selecting this school:

Application must be filled out completely before it can be processed.

Application, Registration, and Testing Fees of \$200.00

Must accompany applications and are not refundable. An interview with the parents and the student will be required before final acceptance.

Registration and Tuition Contract
Ebenezer Christian School
530 SW 1st Street
Florida City, Fl 33034

My child/children and I agree to comply with Ebenezer Christian School's rules and regulations as set forth in the Student Handbook or as may be adopted by, Ebenezer Christian School. It is understood and agreed that Ebenezer Christian School reserves the right to remove a student at any time if, in the judgment of the Principal, the student fails to meet the academic standards or requirements of the school or if the student's conduct, on or off the campus, is not in keeping with the standards of Ebenezer Christian School. I understand and agree that in the case of such removal, there will be no refund of Tuition or Fees and any unpaid balance will remain payable in full.

I understand and agree that if I withdraw my child/children before July 1 2023, I will be responsible for 25% of the total tuition. If I withdraw my child/children between August 1, 2022, and January 1, 2023, I will be responsible for 50% of the total tuition. If I withdraw my child/children after January 1, 2023, I am obligated to pay the tuition for each child for the entire balance of the school year.

Upon execution of this Contract and payment of all applicable fees which are due at registration, I hereby register and enroll the above named child/children in the grade(s) set forth above for the entire 2022-23 school year and agree to pay the Tuition, in accordance with the terms and provisions set forth herein. I accept financial responsibility for the child/children registered above and agree to be bound by the terms and provisions of this Contract:

Name: (Please Print) _____

Signature: _____

Date: _____

**Ebenezer Christian School 5707
Florida City, Florida**

By: _____
Duly Authorized Representative

Date: _____