

# EBENEZER CHRISTIAN SCHOOL

## Registration Form

2023-2024 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 \_\_\_\_\_

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**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? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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**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 ( )

**Previous school Attended**

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

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 2:00 PM**

7:00 AM before care

2:00 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

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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, 2023; 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.

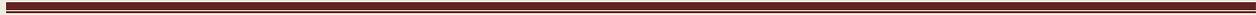
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 1<sup>st</sup> 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, 2023, and January 1, 2024, I will be responsible for 50% of the total tuition. If I withdraw my child/children after January 1, 2024, 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 2023-24 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: \_\_\_\_\_