



# BETHEL CHRISTIAN ACADEMY

Mrs. Nancy Roenn, Principal

12901 W. Pleasant Valley Rd.

Parma, Ohio 44130

P: 440.842.8575 // F: 440.842.3226

BCAkids.com

## STUDENT INFORMATION

**REGISTRATION:** 1 Child -\$150, 2 Children - \$290, 3 Children - \$420

\*\*\* **REGISTRATION IS NON-REFUNDABLE and PAYMENT MUST ACCOMPANY THIS ENROLLMENT APPLICATION** \*\*\*

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_

Student's Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ethnicity \_\_\_\_\_

(Please be as specific - Asian, Black, Caucasian, Hispanic, Multi-racial, Native American)

Grade Entering \_\_\_\_\_ School Year \_\_\_\_\_ **A COPY OF THE BIRTH CERTIFICATE IS REQUIRED**

Preschool or Kindergarten Student (specify): Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Will you use the Before and After School Care Program? \_\_\_\_\_

City School District \_\_\_\_\_  
(Example: Berea City School District)

Local School \_\_\_\_\_  
(Example: Brook Park Memorial)

## FAMILY INFORMATION

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

Cell Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail address \_\_\_\_\_

(E-mail addresses are for school related contact and material. E-mail address will not be published)

## SIBLINGS

List all brothers and sisters (include step-relations):

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY: Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash or Check # \_\_\_\_\_

## CUSTODIAL INFORMATION

### FATHER (If Applicable)

Widowed\_\_\_ Divorced \_\_\_ Separated\_\_\_ Never Married \_\_\_

Stepmother\_\_\_\_\_

If divorced, with whom does child primarily reside? \_\_\_\_\_

Are your custodial arrangements (**CIRCLE ONE**): **SHARED/JOINT** **PRIMARY-MOTHER** **PRIMARY-FATHER**

What visitation schedule (if any) does your child keep with the non-custodial parent? \_\_\_\_\_

Does Non-Custodial Parent have rights to. . . (**PLEASE ANSWER WITH YES OR NO**)

Pick student up at day end?\_\_\_ Permission to visit for lunch?\_\_\_ Permission to take student out to lunch?\_\_\_

Please tell any family situations that you think would be helpful in dealing with your child. \_\_\_\_\_

**A COPY OF YOUR LEGAL CUSTODIAL PAPERWORK IS REQUIRED FOR OUR FILES  
PLEASE ATTACH TO THIS APPLICATION**

## SPIRITUAL PROFILE

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Pastor \_\_\_\_\_

Church Attendance: Attend Sunday School? (Yes/No)

Attend Church (*Check one*) \_\_\_less than 4 times a month \_\_\_4-8 times a month \_\_\_more than 8 times a month

Please list any position held in your church \_\_\_\_\_

## GENERAL INFORMATION

How (or from whom) did you hear about Bethel Christian Academy? \_\_\_\_\_

Please share why you wish to enroll your child at Bethel Christian Academy.

Is it your intention to continue your child's education in a Christian school? YES NO

### **STUDENT INFORMATION** (Please explain 'YES' answers with specific information)

PREVIOUS SCHOOL      ADDRESS \*full address necessary      PHONE NO.      GRADE

Has your child ever repeated a grade? \_\_\_YES \_\_\_NO Does your child have an I.E.P.? \_\_\_YES \_\_\_NO

If Yes, what grade(s) and why? \_\_\_\_\_

Does your child have any of the following (circle all that apply):

scholastic difficulties      disciplinary difficulty      fears      under the care of a physician (medical)  
psychological or emotional counseling

### **PARENTAL FINANCIAL INFORMATION**

- How long have you lived at your present address? \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

- If less than 2 years, former address \_\_\_\_\_

- Financial Information: Checking Account Institution \_\_\_\_\_

- Do you wish to apply for financial aid? \_\_\_YES \_\_\_NO If yes, why? \_\_\_\_\_

## STATEMENT OF FAITH

The basis of this academy will be the Word of God as interpreted by the following:

1. We believe that all knowledge finds its relationship to God as the ultimate source and foundation of all truth.
2. We believe the Bible to be the inspired and only infallible authoritative Word of God.
3. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
4. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
5. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
7. We believe in the resurrection of both the saved and the lost; those that are saved unto the resurrection of life, and those that are lost unto the resurrection of damnation.
8. We believe in the spiritual unity of believers in our Lord Jesus Christ.

## PARENTAL AGREEMENT

- I will support Bethel Christian Academy in its endeavors to train and discipline my child(ren) in the standards set forth in Scripture (Proverbs 22:6, 15, 29:15-17, Colossians 3:20). I understand that discipline is needed in the classroom, and each teacher will establish and enforce classroom guidelines in the manner he/she feels is in accordance with these Scriptures. Serious and repeated offenses will be referred to the principal.
- I understand the scale of fees and tuition, and payment policies. I pledge to pay my financial obligations to Bethel Christian Academy as required and stated in the current Handbook. I understand that fees, tuition, childcare charges, and meal tickets need to be paid in this timely fashion. A student will be dismissed the first of any calendar month if the previous month's tuition remains unpaid. Dismissal will not be cause for any remaining balances to be left unpaid.
- I understand that the school has the discretion for the grade placement of children.
- Upon receipt of the B.C.A. Parent/Student Handbook, I will read and be familiar with the policies and procedures of B.C.A.
- I understand, and intend to abide by, the Matthew 18 principle of handling all problems and communications directly with the parties involved - through the teacher, then through the administration and any other people involved.
- I hereby give permission for our name, address, and phone number to be published in the annual B.C.A. Directory. If I want to be excluded from the directory, I must notify the BCA Office in writing.
- I understand that there is a 90-day probation period for all new students.
- **I have read the above statements and I agree to support Bethel Christian Academy.**

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Father's Signature

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Mother's Signature

**“Let your conduct be worthy of the gospel of Christ . . .  
so that you stand fast in one spirit, with one mind striving together for the gospel.”**

**Philippians 1:27**

# SCHOOL HEALTH QUESTIONNAIRE

## THIS QUESTIONNAIRE IS DUE WITH THE APPLICATION

The Physician's Medical Record needs to be returned by the beginning of the school year.

Child's Name \_\_\_\_\_

Last

First

Middle

Home Phone \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**Medical History:** (Has your child had any of the diseases? Give the approximate year:

_____ Chicken Pox	_____ Frequent Colds/Pneumonia	_____ Heart Disease
_____ Mumps	_____ Sore Throats	_____ Whooping Cough
_____ Diphtheria	_____ Regular Measles	_____ Hay Fever, Asthma
_____ Polio	_____ German Measles	_____ Bee Stings Allergy
_____ Eczema, Hives	_____ Rheumatic Fever/Scarlet Fever	_____ Peanut Allergy
_____ Diabetes	_____ Other Skin Condition	_____ Latex Allergy
_____ Epilepsy/Seizure	_____ Bowel/Bladder Problem	_____ HIV Virus
_____ ADHD/ADD	_____ Ear Infection	_____ Hearing Difficulty
_____ Speech Difficulty	_____ Visual Difficulty	_____ Wear Glasses/Contacts

Date of Last Eye Exam \_\_\_\_\_

Hospitalizations – List date and reason:

\_\_\_\_\_  
\_\_\_\_\_

Medications – Name, dose and for what purpose: \_\_\_\_\_

\_\_\_\_\_

**Other Health Problems or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_

Bethel Christian Academy recruits and admits students of any race, color, or ethnic origin to all rights, privileges, programs, and activities. The school will not discriminate on the basis of race, color, or ethnic origin in administration of its educational programs. In addition, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated, desegregation.

*To be completed by your physician and returned to Bethel Christian Academy*

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Vision \_\_\_\_\_ Hearing Test: Type \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Mouth \_\_\_\_\_

Teeth \_\_\_\_\_ Is dental work indicated? \_\_\_ YES \_\_\_ NO

If so, are plans being made? \_\_\_ YES \_\_\_ NO

General Condition \_\_\_\_\_ Posture \_\_\_\_\_ Skin \_\_\_\_\_

Orthopedic \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_

Nervous System \_\_\_\_\_ Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_

Urinalysis \_\_\_\_\_ Lungs \_\_\_\_\_ Hernia \_\_\_\_\_

Remarks and Recommendations \_\_\_\_\_

**Health Protective Measures**

Dates Received:

\*DTP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

\*Polio 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

\*MMR 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Measles, Mumps, Rubella)

\*HIB 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

\*Hepatitis B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*Varicella 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Tdap 1. \_\_\_\_\_ (required for 7<sup>th</sup> grade students)

Other (specify type and date) \_\_\_\_\_

**\*Above immunizations are required for school entrance by Ohio Revised Code.**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please mail or fax to:  
Bethel Christian Academy, 12901 W. Pleasant Valley Rd., Parma, Ohio 44130  
Phone: 440-842-8575 or Fax: 440-842-3226