



REGISTRATION FORM

2017 – 2018

KINDERGARTEN – GRADE 6

Place
Recent Photo
Of Your Child
Here

PHONE: (345) 945-7906 | FAX: (345) 945-5758 | EMAIL: FBCS@FBCS.EDU.KY | P.O. Box 10275 KY1-1003 | GRAND CAYMAN | CAYMAN ISLANDS

EDUCATIONAL EXCELLENCE CENTERED ON JESUS CHRIST



The mission of First Baptist Christian School is to provide academic excellence in a Christ centered environment that meets the educational, physical and spiritual needs of each individual

Complete ALL Sections Below

STUDENT INFORMATION (PLEASE PRINT CLEARLY IN BLACK OR BLUE INK)

Student's Last Name:		First:	Middle:	
Home Address: (number and Street name)			Postcode: KY1 -	
			P.O. Box:	
District:	Home Phone Number: ()	Please check if applicable: <input type="checkbox"/> Status <input type="checkbox"/> Residency <input type="checkbox"/> Dependent on Work Permit		
		Nationality:	Place of Birth:	
Religion:	Date of Birth: MM / DD / YYYY	Age:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F

FAMILY HISTORY

Father's Name:				Mother's Name:			
Father's Home Address (number & street name):				Mother's Home Address (number & street name):			
Post code: KY1-		PO Box:		Post code: KY1 -		PO Box:	
Email Address:				Email Address:			
Employer:				Employer:			
Occupation:				Occupation:			
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Cell Phone:				Cell Phone:			
Number of Siblings	Male:	Female:	Do they attend this school:	Name(s):		Grade(s):	

If child does **not** reside with both parents please fill out the following

If divorced or separated, who has legal custody of the child?			<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other _____		
If parents are divorced or separated, with whom does the child live?			<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other _____		
Is there joint custody?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a restraining order?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any environmental factors in the child's life that we should know about, i.e. absence of father or mother, adoption, foster care, etc?							

SCHOOL INFORMATION

Last grade attended:		Grade entering:		Grade(s) repeated:	
Last school attended and address:					
Has student been put up for review, suspended or expelled from ANY school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student's grades have been:		<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Why did you select FBCS and who recommended FBCS to you?					

EMERGENCY & PICK UP CONTACTS

Name	Phone	Relation to child	
Name	Phone	Relation to child	

I grant permission for the people listed above to be contacted when I cannot, in the case of an illness or emergency and for transportation to and from First Baptist Christian School.

WARNING: I understand that it is the parents/guardians responsibility to give correct updated information to the school office immediately on any changes.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

1. Any unusual health factors in your child's life, i.e. serious illness, mental, emotional, physical disorders &/or children's diseases? If yes, please provide a copy of Physician's report. Yes No

2. Has your child ever been referred for testing &/or assessment by an outside agency? (Speech, hearing, vision, ADHD, other) If yes, the school office requires a brief summary of diagnosis and a copy of Physician's report. Yes No

List any health conditions that may prevent your child from participating in any school activity:

List any medication (prescribed or over the counter) your child is currently taking:

Medical Alert <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies to medicines <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Others <input type="checkbox"/> Epilepsy	Please list any ALLERGIES : (Please be specific and place any group headings e.g.. food, nuts, environmental or medical)	As Parent/Guardian I authorize FBCS staff to administer the following: <input type="checkbox"/> Children's/Junior Strength Tylenol or Advil <input type="checkbox"/> Tums <input type="checkbox"/> Eye Drops
--	---	--

Child's Health Insurance Company:	Policy#
-----------------------------------	---------

List any (visible) symptoms which may indicate the onset of the medical condition(s) as well as known contraindications to any other medication which the child may receive including pain relievers:

If School Office is to administer ANY medications sent from home, please complete Authorization Form in school office.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I hereby give consent to FBCS, and/or the responsible adult (under Emergency Contacts) for my child, _____, to receive medical treatment in the case that I am not immediately available, as may be considered necessary in the opinion of the attending physician or paramedics. It is understood that a conscientious effort must be made to notify us (parents or emergency contacts where applicable) before such action will be taken. I also understand that should my child become injured at school or from any accident during a school activity, the school will not be held liable when emergency medical treatment performed either by a medical professional or trained staff member is received.

Parent/Guardian signature

Date

..... Skip To The Next Page

THIS BOX FOR OFFICE USE ONLY

Application Received On: ____ / ____ / 20 ____	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Reason (if declined):
Application Fee: CI\$ _____ US\$ _____	Receipt #	<input type="checkbox"/> \$25 Kindergarten Cooking Fee Received Receipt #
Expected Entry Date:	Interview Date:	Interviewer:
		Grade Entering:

First Baptist Christian School Parental Commitment

In signing this Application for Admission, I/we acknowledge commitment to the following:

1. To support the Christian philosophy of education taught at First Baptist Christian School.
2. To support all policies as stated in the FBCS Parent – Student Handbook
3. To participate in school functions and provide FBCS with current health insurance documents.
4. Give permission for photographs of my child to be used by FBCS in various media.
5. Give permission for my child to use the internet while supervised by a teacher.
6. To participate in Parent – Teacher functions and meetings
7. To ensure tuition payments are made as scheduled. **Please note, if fees are delinquent more than one month your child will not be able to attend classes until fees are brought up to date.**
8. Monthly – Paid on or before the fifth (5th) day of each month, September to June
 Trimester – Paid on or before the first (1st) day of September, December, and March
 Annual – Paid on or before the first (1st) day of the school year.
9. I/We understand that all final grades, report cards/diplomas will be retained by the school until all accounts are paid in full. Report cards will be held at the end of each grading period if accounts are not current.

If I choose to withdraw my child, or are requested to withdraw my child from the school, I will be responsible for paying the regularly incurred monthly fees plus any balance on the account.

The applicant (student) may participate in scheduled field trips and other school sponsored activities.

The school requires a copy of reports completed by outside agencies or doctors. Withholding information could result in your child not being provided with all the resources needed to be successful or could result in being asked to leave First Baptist Christian School.

First Baptist Christian School is a private Christian school that welcomes children of all faiths. The Christian faith is taught to all year groups and all children are required to participate fully in Religious classes, activities and celebrations and I understand that my child will be expected to be a participant.

If my child, _____ is admitted to this school, I agree to co-operate with the school authorities in all matters relating to discipline and curriculum.

I agree to support the administration and teachers of the school.

I confirm that to the best of knowledge, the foregoing information is true, correct and complete.

If student lives with both parents, both parents must sign ** Documentation required for legal guardianship

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Person(s) responsible for student's account:

Print Name 1) _____ Signature _____

Print Name 2) _____ Signature _____

Please provide the following with your completed application

- Application Fee of CI\$150.00 (non-refundable) If re-registering from WEE Care: fee is CI \$100.00 (non-refundable)
- Birth Certificate (copy)
- Previous School Reports/Transcripts (copy)
- Immunization Records (copy)
- School Entry Screening Card (issued by Public Health Department for grade K and new students) School office will contact parent with appointment
- Photocopy of Student's Passport, specifying Nationality
- Legal Guardianship Documentation (if applicable)
- Proof of Current Child's Health Insurance

Non-Caymanians must also provide:

- A photocopy of parents' Work Permit Letter with student's name listed as a dependent **OR**
- A photocopy of parents' Permanent Residence Letter with student's name listed as a dependent

In some cases, there may be further documentation required by the School. The School Administrator will contact you to obtain information if needed.