



A Ministry of First Baptist Church of Grand Cayman

Re-registration Form 2008 – 2009

Please return this form with payment to the school office.

*** All outstanding balances must be cleared in order to re-register for 08-09.**

Student Name: Last _____ First _____ DOB: d - m - y _____ Gr. 08-09

The following fees are all non-refundable:

- Re-registration Fee: due Apr 15 - \$100
- Book/Materials Fee: K-Grade 4 - due May 15 - \$200
- Book/Materials Fee: Grade 5-8 - due May 15 - \$275
- Cooking Fee: Kindergarten only- due May 15 - \$25
- PTF Fee: Per family due Sept. 1 - \$50
- Total payment enclosed \$ _____**

Paid \$ _____	Date _____
Receipt # _____	
Paid \$ _____	Date _____
Receipt # _____	
Paid \$ _____	Date _____
Receipt # _____	
For office use.	

Mom/guardian: Print name _____ Signature _____
 phone (C) _____ (W) _____ (H) _____
 street address _____ P.O.Box _____ KY1- _____
 email _____

Dad/guardian: Print name _____ Signature _____
 phone (C) _____ (W) _____ (H) _____
 street address _____ P.O.Box _____ KY1- _____
 email _____

Emergency Contact: Name _____ Relationship _____ Ph# _____

This Re-Registration form supersedes all others prior to March 2008. Fee's subject to change.

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PARENTAL COMMITMENT

A. In signing this Re-Registration form, 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 actively participate in Parent – Teacher Fellowship 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.
 - Monthly** – Paid on or before the fifth day of each month, September to June.
 - Trimester** – Paid on or before the fifth day of September, December, and March.
 - Annual** – Paid on or before the fifth day of the school year.

B. To support the administration & teachers of the school as outlined in the Student-Parent Handbook.

- ❖ The Parent\Guardian is in agreement with all information under the heading “Administrative Support” on the original FBCS registration form.
- ❖ The Parent\Guardian is in agreement with all information under the heading “Health\Emergency Information” on the original FBCS registration form.

Child’s Health Insurance Information: Company _____ Policy# _____

PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER: (Please circle)

Children’s/Junior/Adult Strength Tylenol/Advil: YES NO Tums: YES NO Eye Drops: YES NO

Father * or legal Guardian - Date

Mother * or legal Guardian - Date

* If student lives with both parents/guardians, both must sign.

Person(s) responsible for student’s account:

Name: _____ Mailing address: _____ Ph# _____

[Kindly review carefully that all questions have been reviewed & answered in order to process in a timely manner.](#)