

# *The Bridge Christian Academy*

## STUDENT APPLICATION

Today's date \_\_\_\_\_

Please complete:

Applying for Grade	Student Name:			Birthday		
	Last	First	Middle	Month	Day	Year

### PRIMARY PARENT INFO:

<b>CHILD lives with:</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other	
Last _____ First _____	Father Cell Phone: _____
Last _____ First _____	Father Work Phone: _____
Address _____	Mother Cell Phone _____
City _____ State _____ Zip _____	Mother Work Phone: _____
PHONE NUMBER WHERE I PREFER TO RECEIVE SCHOOL MESSAGES: _____	E-Mail _____

### SECONDARY PARENT INFO: (If custody is shared with other adults)

(check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other	
Last _____ First _____	Father Cell Phone: _____
Last _____ First _____	Father Work Phone: _____
Address _____	Mother Cell Phone: _____
City _____ State _____ Zip _____	Mother Work Phone: _____

If above parent/adult cannot be reached, TBCA may contact the following who also have permission to pick up child(ren):

Name:	Relationship:	Phone:

State your reason for wanting your child in a Christian school: \_\_\_\_\_

**How did you hear about TBCA?** *Check all that apply:*

- Friend
- Radio
- Newspaper
- Internet
- Other *(please explain)* \_\_\_\_\_

**CHECK LIST** – The following items must be submitted to register your child(ren):

- \* Application
- \* Birth Certificate
- \* Physical
- \* Immunizations
- \* Name of school where child(ren) is/are currently enrolled:

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

**\*\*Please complete this page for EACH child that you register.**

Child name: *(Please print)*

Does child take any medications? *If yes, please list them here.*

Does child have any allergies? *If yes, please list them here.*

Family Physician:

Office number:

List all schools that your child has attended: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had to repeat a grade? \_\_\_\_\_ If yes, which grade(s)? \_\_\_\_\_

Has your child been suspended or expelled from school for any reason? \_\_\_\_\_

If yes, please give the year and the reason: \_\_\_\_\_

\_\_\_\_\_

Has your child ever skipped a grade? \_\_\_\_\_ If yes, which grade(s)? \_\_\_\_\_

Has your child ever had an IEP or 504 plan? \_\_\_\_\_

Has your child been tested for or enrolled in a special program (resource, learning disability, gifted and talented, etc.)? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List extracurricular interests, abilities, and achievements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***We have read the handbook and the requirements set forth in the tuition schedule of The Bridge Christian Academy and do hereby request that our child be accepted as a student. Furthermore, we understand and agree to abide by the following:***

1. We understand our child's acceptance and attendance at TBCA is a privilege and not a right, and at any time (in the sole opinion of the administration) his or her spiritual development, academic progress, conduct or cooperation is not in keeping with TBCA's requirements, TBCA reserves the right to terminate my child's enrollment.
2. We agree with the school's efforts to train our child/children in the Bible and in the Christian faith and will encourage them in this.
3. Parental grievances must be directed through the proper channels. All grievances will be handled in accordance with the principles outlined in chapter eighteen of the gospel of Matthew.
4. I am responsible for the timely payment of all tuition and other fees as well as any damages incurred to school property by my child.
5. It is further understood that upon voluntary withdrawal from school or expulsion, I am responsible for the balance on my account as of the withdrawal date.
6. My child has permission to take part in all school activities including field trips, athletic events, honor roll trips, and special outings.
7. My child has permission to ride the school bus to all functions, including field trips, and if necessary, to ride with a staff member from TBCA or another parent.
8. I understand that TBCA makes no refunds on fees.
9. I agree not to threaten to sue, contemplate suing, consult counsel, legal or otherwise, and actually litigate in any matter concerning the school. I agree with TBCA's standards of conduct and willfully support the school in its enforcement of the standards of conduct. As I am a Christian, I will make no demands, seek counsel, or make any kind of accusation or complaint whatsoever relating to or resulting from the enforcement of the standards of conduct or dress code. To do otherwise would be a clear violation of Biblical teaching and practices. I have read and understand the standard of conduct and agree that my child will abide by it, both at and away from school functions.
10. I am releasing The Bridge Christian Academy and Natural Bridge Christian Fellowship from medical liability from any injury or accident on school or church grounds and school or church functions. I give staff members of TBCA the authority to authorize any necessary medical treatment in the event of an emergency. I agree to hold TBCA harmless, whereby I agree not to sue the school over the exercise of this authority. In the event that TBCA is sued, I agree to hold TBCA harmless against any adverse judgment.
11. I agree to allow TBCA to use my child's picture on the school webpage, Facebook page, school publications, and in advertisements.
12. I have read the guidelines, rules, article of faith, and policies. I subscribe to them without reservation, and agree that my child will abide by these doctrines in all aspects of our lives, both at and away from school functions. I agree to help my child maintain the standards set forth by the school.

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(Parent or Guardian Signature)

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(Date)

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(Parent or Guardian Signature)

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(Date)

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(Student Signature)

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(Date)

# The Bridge Christian Academy

Pre-K – 12<sup>th</sup>

## First Aid and Emergency Medical Care

DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Father: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Responsible Relative or Friend: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

The following are facts concerning my child's medical history including allergies, medication being taken, and any physical or emotional impairment to which medical personnel should be alerted. (Please include allergic reactions to any medication or drugs. Use back of form if necessary.)

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If my child becomes ill or is injured, please proceed with first aid and emergency medical care. I understand the Learning Center will make every effort to contact me in case of such and emergency.

Parent/Guardian Signature \_\_\_\_\_

NOTE: Each enrolled child must have this form in his or her information folder to meet enrollment requirements. Please complete a separate form for each child.

# The Bridge Christian Academy

## Pre-K -12<sup>th</sup>

### Student Health History

We are requesting this information on your child for the Learning Centers Records. Please complete, in detail, and return. The health and safety of our students/staff is our highest priority. We want to be sure that we understand your child's health history.

NAME \_\_\_\_\_ Address \_\_\_\_\_  
Last First MI

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Mother's name \_\_\_\_\_ name \_\_\_\_\_  
 Father's

Please check the illnesses your child has had from birth to the time of entering school. Include date, if known, and important details.

ILLNESS	DATE	ILLNESS	DATE
Allergy _____		Scarlet Fever _____	
Chicken Pox _____		Poliomyelitis _____	
Rubella _____		Rheumatic Fever _____	
Measles _____		Pneumonia _____	
Mumps _____		Any other _____	
Whooping Cough _____			

Please list any operations, serious illness or other existing physical conditions \_\_\_\_\_

Check any preventive inoculations (shots) your child has had from birth to the time of entering school.

	Date of 1 <sup>st</sup> Injection	Date of 2 <sup>nd</sup> Injection	Date of 3 <sup>rd</sup> Injection	Date Additional Injection
Diphtheria				
Tetanus				
Whooping Cough				
Polio (Salk)				
Polio (Sabin)				
Measles				
Rubella				
Mumps				
Tuberculosis				
Any Other				

Is your child currently under medical treatment? YES \_\_\_\_\_ NO \_\_\_\_\_

List any health or behavior problem, which you or your family physician feel should be known to the Learning Center administration.

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Name of Family Physician \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**Please add below any comments or concerns that will help us understand any physical limitations that your child might have.**

# The Bridge Christian Academy

Pre-K – 12<sup>th</sup>

Child Authorization

Pick Up Form

Name of

Child(ren): \_\_\_\_\_

I hereby inform The Bridge Learning Center that the people listed below are authorized to pick up the above-named child(ren) at any time. Accordingly, The Bridge Learning Center is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Bridge Learning Center.

## AUTHORIZED PICK-UP PERSON:

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- Parents/guardians must inform The Bridge Learning Center (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- The “Authorized Pick-Up Person” **must be at least 18 years old** and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

*Authorized by:*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



# The Bridge Christian Academy

Pre-K – 12<sup>th</sup>

Bridging Hope to Our Community

Dear Parents,

In a world that is full of chaos, it is our goal to be a positive influence in our community. We continually update social media with positive heartwarming events that are taking place at NBCF. We desire that our community knows that there are positive events in our community.

We request your permission to possibly use your child's picture for general advertising purposes. We will honor your wishes if you choose to decline. Please return this form to the school office as soon as possible. In Christ,

Pastor Wes Galford  
Director

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Please cut along the dotted line and return this half to the office

I/We grant permission for NBCF/The Bridge Learning Center use my/our child's/children's picture, image, or likeness for general advertising purposes on social media, and website.

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

\_\_\_\_\_  
Parent's Signature

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

\_\_\_\_\_  
Date

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

I/We do not grant permission for NBCF/The Bridge Learning Center to use my/our child's/children's picture, image, or likeness for general advertising purposes on social media, and website.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

