



Bellevue Christian Academy

1400 Harvell Drive * Bellevue * NE * 68005 * (402) 898-4222 * www.bellevuechristianacademy.com

STUDENT APPLICATION

Student's Name _____
Last First Middle Desired Grade

Birthday: _____ Age: _____ Gender: _____ *Ethnicity: _____

What is the school district of residence: _____

Church: _____ Pastor: _____

Father (or Guardian) full name: Primary Caregiver <input type="checkbox"/>	Mother (or Guardian) full name: Primary Caregiver <input type="checkbox"/>
Address: _____ City: _____ State: _____ Zip: _____	Address _____ Check if the same <input type="checkbox"/> City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
E-mail Address: _____	E-mail Address: _____
Employer: _____	Employer: _____
Work Number: _____ Ext: _____	Work Number: _____ Ext: _____

Person(s) authorized to pick up student other than parents (you may use separate sheet of paper if necessary)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Permission to print name, address and phone number in the Student Directory	YES	NO
Do you need Before and After School Daycare?	YES	NO
Do you grant BCA the right use your child's photos, videos, etc. when taken by the school and used for publicity purposes?	YES	NO

In making this application I understand that:

- Enrollment is conditional upon satisfactory evaluation and references.
- It is my responsibility to take seriously my financial obligation by paying my bill on time

In case of emergency and the parents/guardians cannot be reached, BCA personnel are authorized to contact the following person(s).

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

3.) Name: _____ Relationship: _____ Phone: _____

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. In the event that neither I nor the listed emergency references can be reached, I authorize BCA to arrange for a doctor and the providing of necessary medical or surgical services as are deemed necessary to protect the welfare of my child. I understand BCA, Bellevue Christian Center, and/or its agents will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify BCA in the event of any health changes which would restrict my child's participation in any normal children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Physician: _____ Office Phone: _____

CONSENT AND CERTIFICATION

As the parent/guardian of the aforementioned child, I do hereby consent to the participation of my child in all of the regularly scheduled activities of Bellevue Christian Academy in Bellevue, Nebraska from August 2010 to June 2011, including field trips, and any other activities customarily associated with such. I certify that my child is physically fit to participate in such events (e.g. swimming, bowling, etc.). I understand parents will be given specific information concerning each field trip.

I further consent to my child being transported to and from BCA's sponsored activities in BCA designated vehicles. I release BCA, Bellevue Christian Center and/or its agents from responsibility and liability for any injuries incurred during field trips or other activities customarily associated with elementary/middle school education.

Must be signed in the presence of a Notary Public

_____ Signature of parent/guardian
Print name of parent/guardian

State of NEBRASKA County of SARPY Date: _____

On this _____ day of _____, 20____, before me personally appeared

_____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Commission expires: _____

Note: For your convenience, a Notary Public is typically available here in the church building free of charge from 9:30 a.m. to 5:00 p.m. Monday through Friday.

* **Notice of Nondiscriminatory Policy As To Students:** Bellevue Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

FOR OFFICE USE ONLY

Date Received: _____ Registration Fee Paid _____

Childcare: _____ Date Begin _____ Grade Entering _____