

2024-2025

Busy Footprints Christian Academy, LLC

Registration form

Child's last Name _____ child's first name _____

Middle Initial _____ Sex: M or F Birth date _____

Address _____ City _____

State _____ Zip _____ Home phone _____

Child's age when he/she starts school _____ Grade _____

Where did you here about us? _____

Father's full name _____ home phone _____

Father's work phone _____ Cell phone _____

Father's address (if different) _____

Father's email _____ fathers employer _____

Mother's full name _____ home phone _____

Mother's work phone _____ cell _____

Mother's address (if different) _____

Mother's email _____ Mother's employer _____

As parent /legal guardian of the student indicated above, I understand and agree to the following policies:

- 1. Registration cannot be processed without the full appropriate deposits.**
- 2. All Busy Footprints Christian Academy fees are non-refundable and non-transferable.**
- 3. Tuition is due on the first of each month. To avoid a late fee is paid by the third of each month**
- 4. Must have 30 day written notice prior to withdrawing from Busy Footprints Christian academy. Payment is required for the full 30 days.**
- 5. Every child must have a current signed medical form prior to the first day of school.**
- 6. Busy Footprints Christian academy may use any photo, slide, or quote for publicity purposes in various media. All photography done under supervision of Busy Footprints staff.**
- 7. I understand that my child is enrolled in a program that nurtures spiritual growth. I understand that curriculum may include the use of Bible stories, songs, poems, and prayers.**
- 8. I understand that my child can be dropped off 5 minutes early. When picking up my child I can be 5 minutes late without being charged. The fee is \$1.00 for every minute you are late picking up your child.**

I have read the above:

Signature _____

Schedule and fees

Preschool-Pre-K Monday –Thursday (4 days a week)

Tuition due on the 1st of each month, late fee applied on the 4th if not paid by then

- Monday-Thursday 8:00 a.m.-12:00 p.m.
- Regular tuition \$295 (discount for second siblings \$225 a month)

Kindergarten-first grade:

Tuition due on the 1st of each month, late fee applied on the 4th if not paid by then

- Monday-Thursday 8:00 a.m.-12:00 p.m.
- Regular tuition \$295 (discount for second siblings \$225 a month)

- **Additional ABEKA Curriculum Expense:** approximate-- subject to change:

- Kindergarten: \$100.00 for the year Due by July 31st
- 1st grade: \$185.00 for the year Due by July 31st

Registration Fee: **Registration for next school year is now open.**

\$100 is due at time of registration to reserve your child's place in the class.

☉ Late Pick Up: Please be on time:

You are allowed 5 minutes after the end of the school day to pick up your child. After which a \$1 per minute late pick up fee will be charged. Must pay that day when you are late picking up your child.

Signature of parent/legal guardian (required to process application).

Signature _____ date _____

Medical History

Is your child under medical care? Yes _____ No _____

Name of family's medical insurance company _____

Mailing address of family's medical insurance _____

In case of emergency, is there anything the preschool or doctor
know _____?

Does your child have any allergies (specify). _____

Does your child have any dietary restrictions (explain) _____

Does your child have any health
problems _____?

Date of last tetanus _____

Is your child allergic to insect bites. bee stings _____?

Your doctor's name _____ City _____ phone _____

Is your child up-to-date with immunization yes no

Is your child currently taking medication yes no

Medical release

In case of extreme emergency, I hereby give permission administrators and pre-hospital emergency medical permission to take whatever medical action deemed necessary and authorize transportation of my child _____, to an emergency facility. Further, I accept full responsibility for any costs involved in the rendering of such emergency care and agree to hold Busy Footprints and its employees harmless.

_____ date _____

Signature of parent or guardian

Personal History

Name _____ Birthday _____

Physician _____ Phone _____

Physician's address _____

Dentist's name _____ Phone _____

Dentist's address _____

Please list names and ages of household and family members to which your child closely relates _____

Please list specific fears, likes, or dislikes that may affect you child _____

How does you child act when ill _____

Does your child take naps _____ Average nap time _____?

Has your child had previous group experience? (Co-op, Sunday school, daycare, play group etc) _____

Does your child have a good appétit? _____

What are your child's interests and favorite activities _____?

Do you have any special concerns you'd like to let us know about _____

Authorization for pick-up form

Child's name _____ Birthday _____

Please list below all the individuals who are authorized to pick up your child. The individuals will also be called in event of an emergency if the parent(s) cannot be reached. Photo I.D. will be required for these individuals to pick up your child.

Parent/guardians

Mother _____ Home phone _____

Work _____ Cell _____

Father _____ Home phone _____

Work _____ Cell _____

Other people whom you authorize to pick up your child:

Name _____ relationship _____

Address _____ Phone _____

Name _____ relationship _____

Address _____ Phone _____

Name _____ relationship _____

Address _____ Phone _____

Continue:

Name _____ **relationship** _____

Address _____ **Phone** _____

Name _____ **relationship** _____

Address _____ **Phone** _____

Name _____ **relationship** _____

Address _____ **Phone** _____

The following people may never pick up my child:

Name _____ **relationship** _____

Name _____ **relationship** _____

Name _____ **relationship** _____

Name _____ **relationship** _____

Signature parent/guardian _____ **Date** _____