



“Preparing Community Youth of Today to be Christian Leaders of Tomorrow!”

**APPLICATION FOR ADMISSION - Preschool**

**Application Process:**

1. Submit Application, Fee, and Records (Birth Certificate, most current Immunization, Social Security Card, and if applicable: ETR, IEP, and Clinical Reports.)
2. Parents notified of acceptance status
3. Complete final enrollment packet

**Student Information:**

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

Date of Birth: \_\_\_\_\_ SSN\*: \_\_\_\_\_ Male  Female

Place of Birth (City/County/State): \_\_\_\_\_

Ethnicity/Race of Applicant\*(Required by state of Ohio) \_\_\_\_\_

Class Entering: **3 yr. old's** (T & Th)  **4 yr. old's** (M W & F)

Preferred Time (4yr olds only): **AM** (9am-11:30am)  **PM** (12:30pm-3pm)

(Children who will be 3 or 4 on or before Sept 30th will be eligible for admission.)

**\*For Ohio Department of Education reporting purposes**

**Family Information:** (please list the student's primary address; if applicable list secondary address separately.)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local School District & Building: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*With whom does the student reside? \_\_\_\_\_

<b>Office Use Only</b>					
Date Received: _____/_____/_____	Initial _____	Cash/Check \$ _____	Initial _____	Enter to Sys.: _____/_____/_____	Initial _____

**Brothers and Sister (beginning with oldest child at home):**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Contact (Other than Parents):**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational History:**

- 1. Has he/she ever had an IEP/ETR? Yes  No  **If Yes, Please attach document(s).**
- 2. Has he/she ever experienced social, emotional, physical, or behavioral difficulty at home or daycare? Yes  No

If Yes, please explain in what way, when, corrective measures taken, and current situation:

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

- 3. Has your child ever received speech therapy, occupational therapy, and/or physical therapy? Yes  No

If you answered Yes to any of the above questions, please explain in further detail below in order for us to better serve your child( if you need additional space please attach to this application)

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

**Church Information:**

Parent's Home Church : \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_

Email Address for Secretary of Church\*: \_\_\_\_\_

\*Only used for updating local church database

**We first learned of BG Christian through:**

- Church
- Direct Mail
- Internet (If so, specify site): \_\_\_\_\_
- Facebook
- Telephone Book
- TV Commercial (which station?): \_\_\_\_\_
- Current BG Christian Family (If so, name of family): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Statement of Parents or Guardians:**

(Guardians assume the same responsibilities as parents)

1. Tuition and fees are to be paid in a timely fashion per schedule. The office is to be contacted early if difficulty in meeting payments ever occurs. I have read and understand the BG Christian Tuitions Payment and Late Fee policy.
2. The school has the discretion in the discipline of my child (see Parent/Student Handbook for more information).
3. The school reserves the right to suspend or dismiss any student who does not cooperate with the educational process.
4. I/we will conscientiously participate the fund raising event by providing at least the minimum requirement. I/we will also lend other practical help and prayer support in a mutual effort to train my child.

I/we understand the Statement of Faith and standards of the school and pledge my/our support of them, the school and its administration. I/we also understand that this application will not be process until all required records and fees have been submitted with this application.

***Racial Nondiscriminatory Policy***

*The Bowling Green Christian Academy School recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics or extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered or public school initiated desegregation.*

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions prayerfully and to the best of your ability. Thank you for the extra effort you have taken to complete them.

1. Please explain your desire to attend BG Christian Preschool.

2. What expectation(s) do you have of BG Christian Academy in relationship to the education of your child(ren)?