



BALDWINSVILLE CHRISTIAN ACADEMY

📍 7312 Van Buren Road Baldwinsville, NY 13027

☎ (315) 638 - 1069

🌐 www.baldwinsvillechristianacademy.com

✉ info@faithbca.org

Application for Admission

Student Information

Student Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Male/Female: _____ Current Grade Level: _____

Student Address: _____
(Street) (City, State, Zip)

School District: _____

Telephone Number: _____

Family Information

Father's Name: _____ Employer: _____

Father's Address: _____
(Street) (City, State, Zip)

Father's Telephone Number: _____

Father's Work Telephone Number: _____

Father's Email Address: _____

Mother's Name: _____ Employer: _____

Mother's Address: _____
(Street) (City, State, Zip)

Mother's Telephone Number: _____

Mother's Work Telephone Number: _____

Mother's Email Address: _____

Religious Information

Church Currently Attending: _____

Church Address: _____
(Street) (City, State, Zip)

Church Telephone Number: _____ Pastor's Name: _____

Are you a member or a regular attender? _____ Member _____ Regular Attender

Educational Information

Name & Address of Last School Attended: _____

Year(s) and Grade(s) Attended: _____

Was the student ever suspended or expelled? _____ Yes (provide details below) _____ No

Does the student have an IEP or a 504? _____ Yes (provide details below) _____ No

List any other schools attended (included address and fax number): _____

If homeschooled, please list materials/curriculum used: _____

Emergency Contact Information

Please list the names and phone numbers of emergency contacts IN THE ORDER THEY SHOULD BE CALLED in the event of an emergency.

<u>Name of Contact</u>	<u>Relationship to Student</u>	<u>Phone Number(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Medical Information

A current medical record must be on file before a student is considered for admission. In addition to the information below, an up-to-date immunization record must also be provided from a certified physician.

Student's Primary Care Physician: _____ Telephone: _____

Physician's Address: _____
(Street) (City, State, Zip)

Health Insurer: _____ ID/Policy Number: _____

Please check yes or no to each of the following conditions. If you check yes, please use the box to explain.

allergies	____ Yes ____ No	
chronic illness	____ Yes ____ No	
physical limitations	____ Yes ____ No	
prescribed medications	____ Yes ____ No	
hospitalized in the past year	____ Yes ____ No	
major surgery	____ Yes ____ No	
mental or emotional disorders	____ Yes ____ No	

Emergency Medical Authorization and Release

1. I authorize a designated BCA employee(s) to administer these medications to my child when deemed necessary. Circle all that apply.

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I agree to indemnify and hold harmless BCA, its employees, agents, or representatives for and against any liability arising out of or related to the administration of medications to my child

2. I understand that in the event my child becomes ill or sustains an injury requiring immediate care, 911 will be called and my child will be transported to the nearest hospital for care and I authorize BCA to obtain emergency medical treatment for my child.

3. I am responsible for all expenses associated with covering my child's medical needs, accidents, or emergencies while attending BCA and BCA activities.

4. I authorize BCA to administer first aid or CPR as deemed necessary. If the illness or injury is of a less serious nature, BCA personnel will evaluate, treat if necessary, and notify me, the parent or guardian.

5. I agree to notify BCA, in writing, if and when any of the above information changes during the course of the school year.



Emergency Medical Authorization and Release (continued)

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint COACHES, STAFF, or ADMINISTRATION of BALDWINSVILLE CHRISTIAN ACADEMY, BALDWINSVILLE, NY 13027 to act in my/our behalf in authorizing emergency medical, dental, surgical care, and/or hospitalization during the period of my/our absence during the school year, September 1 - June 30.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Media Release

I understand that BCA may photograph, interview, or record my child(ren) and/or display my child(ren)'s work and these items may be used for publicity purposes (i.e. school website, social media, etc). I understand that no student's full name will be placed online with his/her photograph. I agree to my child's participation without financial remuneration, and I understand that this releases any photographer/interviewer from any future claims or liability arising from the use of such photographs used for public viewing.

_____ Accept

_____ Decline

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

BCA Student Handbook

As a parent/guardian seeking to enroll my child(ren) in Baldwinsville Christian Academy, I hereby certify that I have received and read the BCA Student Handbook, and that I will accept and uphold the conditions and requirements stated in this document, including payment of all fees and charges according to the requirements of the school

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

BCA Student Code of Conduct (grades 6-12)

As a parent/guardian seeking to enroll my child(ren) in Baldwinsville Christian Academy, I hereby certify that I have received and read the BCA Student Code of Conduct, and that I will accept the conditions and requirements stated in this document.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Authorization

I hereby authorize Baldwinsville Christian Academy to investigate my child for consideration of enrollment and declare that all information provided in this application is true to the best of my knowledge. I understand that any statement that is found to be false or any intentional misrepresentation on my part will be immediate grounds for expulsion of my child. I also understand that attendance at Baldwinsville Christian Academy is a privilege and not a right and that this privilege may be forfeited by any student who does not conform to the standards and regulations of the Academy. I further understand that the Academy may request the withdrawal of any student at any time who, in the opinion of the Academy, does not fit the spirit of the school, regardless of whether or not he/she conforms to the specific rules and regulations of the Academy.

I understand that by enrolling my child(ren) in Baldwinsville Christian Academy, they will be receiving Christ-centered academic training, and I understand that my child(ren) will be educated in a manner that is consistent with the beliefs and philosophy of Faith Baptist Church of Baldwinsville.

As a parent or legal guardian of the above applicant, I agree to cooperate with the Academy in the enforcement of the rules and regulations as delineated in the student handbook, including suspensions as the Academy believes necessary.

I understand that personal conduct of all students must conform to the standards of the school. As a family, we are committed to following the Matthew 18 principle of reconciliation; that if concerns or disagreements arise over issues or incidents related to the welfare of our children, we would go to the individual involved and seek a mutually satisfactory remedy in the bonds of Christian love. If disagreements exist, I will have an opportunity to discuss such matters with the faculty, administration, and the board of education.

Enrollment, and therefore the parent's financial obligation, is contracted to be for the full school year. I understand that the operating expenses of a school like Baldwinsville Christian Academy are fixed, and a loss is realized if any vacancy occurs during the school year. In support of the Academy's obligation to its staff, I agree to keep my son/daughter enrolled for the school year, if at all possible. I understand the tuition will be prorated in the event my child is withdrawn from the school year for any reason. **I also understand that registration fees and other fees will not be refunded or prorated should I withdraw my child from the school.**

I will maintain other conditions of enrollment relating to expenses, specific fees, late fees, due dates, attendance at school functions, and parental involvement in general with School faculty and administration.

I understand that my cooperation is expected, as I am able, in practical help, prayer, regular tuition payments, and special gifts (for capital expenses), and through school sponsored events. I understand that Baldwinsville Christian Academy does not charge tuition that covers all expenses incurred in properly educating my/our child(ren), making fundraising and parental service hours necessary. **I agree to provide parental service hours to the school, as stated in the student handbook.**

I understand that parental support is an essential part of the educational process. If, in the sole discretion of the administration, a parent has failed to support the administrator, ministry staff, or the standards articulated in the ministry's Statement of Faith or Student Handbook, the administration reserves the right to deny the student(s) continued enrollment in the school.

I understand that all students attending Baldwinsville Christian Academy must have on record, with the school office, a current immunization record. Incoming students must have a completed health assessment report on file in the school office by the first day of school. This form may be obtained from your family doctor or the school office.

I understand that initial enrollment and continued enrollment is subject to the governing authorities of Baldwinsville Christian Academy, who reserve the right to reject any student.

I also understand that all new applicants are admitted on probation for 90 days, during which time any monies received by the Academy on behalf of the applicant, including registration fees and any tuition monies paid, are considered non-refundable. I also authorize Baldwinsville Christian Academy to gather data from any and all schools which the applicant has previously attended, together with other records and references that it believes to be necessary for the processing of this application.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____