

BERING DRIVE CHRISTIAN SCHOOL

1910 Bering Dr • Houston, TX 77057
713.780.1299 • FAX 713.783.2472

APPLICATION FOR ENROLLMENT

Child's Full Name		Preferred Name	
Child's Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone - -	
Child's Home Address		city	zip
Father's Full Name		Driver's License #	
Father's Employer	Work Phone - -	Cell Phone - -	
Mother's Full Name		Driver's License #	
Mother's Employer	Work Phone - -	Cell Phone - -	
Best Email Address:			
Student Lives With <input type="checkbox"/> Both parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other <input type="checkbox"/> Grandparents <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Mother & Stepfather _____			
Church Affiliation (optional) Father _____ Mother _____			
Please list the names of siblings or other relatives at Bering Drive Christian School. 1. _____ 2. _____			

Two local people are required for emergency pick-up (other than Mother, Father or Doctor)

1. _____ Phone _____ - _____ - _____ Relationship _____

2. _____ Phone _____ - _____ - _____ Relationship _____

3. _____ Phone _____ - _____ - _____ Relationship _____

May the persons named above pick up your child in an emergency? YES

CHECK ALL THAT APPLY:

1. Receipt of Written Operational Policies:
 I acknowledge receipt of the facility's operation policies including those for discipline and guidance.

2. Water Activities I hereby: give do not give consent for my child to participate in water activities:
 sprinkler play splashing / wading pools

3. I understand that the center will provide snacks only at: 9:00 - 10:00 AM and 4:00 PM.

4. My child will normally be in school the following days and hours:
 M - F from: _____ M - W - F from: _____ T - Th from: _____

5. I give permission for photographs to be taken of my child and used in any of the following ways as long as child is enrolled:
school records, student hooks and boxes, bulletin boards in the school, and newsletters (last names will be excluded).

6. I have received a list of Teacher In-Service / Student Holidays.

Parent or Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: Start Date _____ Exit Date _____ **Age:** T 2 3 4 5

Reg. Fee: Sum \$ _____ Fall \$ _____ **Deposit:** Sum \$ _____ Fall \$ _____ **Days:** Mon Tue Wed Thur Fri

Date Pd: reg _____ dep _____ **Ck #:** reg _____ dep _____ **Session:** Summer weeks _____ YR Fall