

FOR OFFICE USE ONLY

Re-enrollment Fee _____

Annual Fund _____

Current Immunization Certificate _____

Physical (6th Grade) _____

Parent/Student Handbook Signature Page _____



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www.BethHaven.com

2015-2016 School Re-enrollment Form

Student Information

Student's **Legal** Name _____
Last First Middle

Student's Preferred Name: _____

Student's Birth Date: _____ Race: _____ Sex: _____ Grade applying for: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Student lives with: _____

Student's Home Phone# _____ Student's Cell Phone# _____

Student E-Mail Address: _____

Church student attends: _____

Parent/Guardian Information

Father _____ Occupation _____

Father's Employer: _____ Father's Work # _____

Father's Cell #: _____ Father's Home # _____

Father's Address: _____

Father's E-Mail Address: _____

Marital Status (circle one): Married to student's mother Widowed Divorced Remarried Single

Mother _____ Occupation _____

Mother's Employer: _____ Mother's Work # _____

Mother's Cell #: _____ Mother's Home # _____

Mother's Address: _____

Mother's E-Mail Address: _____

Marital Status (circle one): Married to student's father Widowed Divorced Remarried Single

**Other Parent/Guardian /Custody information (including step-parents) school needs to be aware of --
please provide court documentation if applicable:**

Medical Information

Allergies School needs to be aware of: _____

Other medical needs (please explain):

Emergency Contacts (other than parent/guardian)

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Person's authorized to pick up students (in addition to parents/guardian & emergency contacts):

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

By signing below I agree that all information provided on the preceding pages is correct and agree to notify the school office in writing with any updates/changes to the information provided immediately.

Signature

Date

Beth Haven Christian School 2015/2016 – FINANCIAL SCHEDULE

Please indicate your choice below for BHCS Tuition Payment Method:

- 1- Single Payment. The student’s tuition may be paid in full directly to the school at the time of enrollment. Families who choose this option will receive a 5% discount on total only. This option is available until July 1, 2015.
- 2- Monthly Payments – The student’s tuition payments are made through FACTS Management Company monthly May 2015 thru April 20, 2016. FACTS charge an annual fee to set up the account.

- **Early Registration Fee:** \$150/child
After March 1, 2015: \$250/Child
After July 1, 2015: \$350/Child
- **Parking Fee:** \$25 due August 15, 2015
(for students who drive to school)
- **Kindergarten Graduation Fee:** \$50 due March 3, 2016
- **Junior Class Fee:** \$50 due March 3, 2016
- **Senior Graduation/Class Fee:** \$175 due March 3, 2016
- **Sports Fee- per Sport:** High School- \$75,
Middle School- \$50, Elementary- \$35
- **Returned check charge \$25.00**

Grade Level	Tuition /Book Fee
K/4- K/5	\$4,250
1 st -5 th	\$4,550
6 th -8 th	\$4,950
9 th -12 th	\$5,200
\$750 additional child discount will be applied.	

Annual Fund Fee: \$350 per family-
BHCS does not solicit state or federal government funds of any type. Therefore, tax-deductible contributions of \$350 per family are needed to meet the financial goals of the school.
This fee is due July 1, 2015. A late fee of \$50.00 will be incurred after July 1, 2015. This fee must be paid before the student will be allowed to attend classes.

At times during the school year, special events or extracurricular items/activities will involve additional expenses. Most of these extra expenses will be optional, and every effort will be made to keep them to a minimum.

Beth Haven Christian School 2015 – PROMISSORY NOTE

On or before Maturity Date, the value received, the sum of \$ _____ , for tuition, fees and other valuable considerations receipt of which are hereby acknowledged, without interest, payable monthly in equal installments of \$_____ each.

It is understood and agreed that the Student’s continued enrollment at BHCS is conditioned upon the faithful performance of the terms and conditions of this note. It is further understood and agreed that this note is subject to the following terms and conditions:

1. Monthly payments will be due on the ____ of each month. If a payment is late, it will be subject to a 33% late charge.
2. Should a payment become 31 days past due, the file will be sent to our Attorney for collection. It is understood and agreed that the Student and/or the Student’s Parents will be responsible for the full amount of the tuition due as well as the full amount of the Attorney Fees, all Court costs, etc.
3. Any past due account will be reported to the appropriate Consumer Reporting Agencies, Credit Bureaus, etc.
4. If there are extenuating circumstances (loss of job, sickness/health crisis, etc) that prevent paying the payments due and/or on time, the responsible party must contact the Business Office to explain the situation and to make mutually satisfactory arrangement. All requested payment abatement arrangements are subject to the approval and at the sole discretion of the School Board.

I/We have read and fully understand the payment responsibilities agreed to by signing this Note and that I/We are fully responsible for payment of all tuition, fees, books, Attorney and Collection fees, etc. that may be connected to the same.

Responsible Party Signature Date

BHCS Signature Date

Print Name Date

Print Name Date

***Failure by the Note Holder to exercise any option hereunder shall not constitute a waiver of the right to exercise such options for any subsequent violations of this agreement.**