

Payment Method (circle one):

Facts Account (withdraw next business day)

Credit Card (authorization form attached)

Check # _____



**BETH HAVEN
CHRISTIAN SCHOOL**

5515 Johnsontown Road-Louisville, KY 40272
(502) 937-3516 Phone (502)937-3364 Fax
www.BethHaven.com

Application Received:

2023-2024 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: _____ Religious affiliation: _____

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

Church father attends: _____ Religious affiliation: _____

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

Church mother attends: _____ Religious affiliation: _____

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 _____

Phone Number(s) _____

Name _____ Relationship to student _____

Phone Number(s) _____

Name _____ Relationship to student _____

Phone Number(s) _____

Name _____ Relationship to student _____

Phone Number(s) _____

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

Name _____ Relationship to student _____

Phone Number(s) _____

Name _____ Relationship to student _____

Phone Number(s) _____

Name _____ Relationship to student _____

Phone Number(s) _____

Please list persons authorized to discuss the student's educational information including, but not limited to, grades, discipline, attendance, communications, etc. with BHCS Staff. You must include anyone who remits payment on behalf of the student.

Name _____ Relationship to student _____

Phone Number(s) _____

Email address _____

Name _____ Relationship to student _____

Phone Number(s) _____

Email Address _____

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

Mission Statement

Beth Haven Christian School, in partnership with families, exists to cultivate Christian leaders who seek to impact their world for the Lord Jesus Christ through academic excellence and spiritual development.

Statement of Faith

1. We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God’s plan and purpose for the ages.
2. We believe that there is one God, eternally existent in three persons: the Father, the Son, and the Holy Spirit.
3. We believe in the deity and virgin birth of our Lord Jesus Christ, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and in His ascension to the right hand of the Father.
4. We believe in the visible, personal, and pre-millennial return of Jesus Christ.
5. We believe that salvation is “by grace,” plus or minus nothing. The conditions to salvation are repentance and faith in Jesus Christ.
6. We believe that man is sinful and is thereby separated from God. He is justified by faith alone and accounted righteous before God only through the merit of our Lord and Savior, Jesus Christ.
7. We believe God created the sacrament of marriage to be the union of one man and one woman and is a reflection of Christ’s relationship to His church. (Eph.5:25-27, Matt. 19:4-6, Lev. 18:22)
8. We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of life, and the lost unto the resurrection of damnation.
9. We believe in the eternal security of the believer in Christ.
10. We believe in the local church with the ordinances of baptism by immersion and the Lord’s Supper.

I/we have read and do support Beth Haven Christian School’s Statement of Faith and Mission Statement and commit to all the information in this document.

Father’s Signature_____

Mother’s Signature_____

Other Parent/Guardian Signature_____

Beth Haven Christian School– FINANCIAL SCHEDULE

Please indicate your choice below for BHCS Tuition Payment Method:

- 1- Single Payment. The student’s tuition may be paid in full. Families who choose this option will receive a 5% discount on tuition only. This option is available until June 30, 2023
- 2- Monthly Payments – The student’s tuition payments are made through FACTS Management Company monthly JUNE 2023 thru MAY 2024. FACTS charges an annual fee to set up the account.

- Registration Fee:*
February 13-28, 2023: \$175/Child
March 1-June 30, 2023: \$275/Child
After June 30, 2023: \$375/Child
- Pre-admission Testing Fee: \$50
- Parking Fee: \$25 due August 25, 2023 (for students who drive to school)
- Kindergarten Graduation Fee: \$50 due March 1, 2024
- Junior Class Fee: \$75 due March 1, 2024
- Senior Graduation/Class Fee: \$200 due March 1, 2024
- Sports Fee: per sport due before first game
High School-\$125 (\$250 annual max per student)
Middle School-\$50; Elementary-\$35
- Supply Fee: \$25 per student due June 30, 2023
- Technology Fee due June 30, 2023
Elementary \$50 per student
Middle/High School \$100 per student
- Required Chromebook Purchase Middle/High School:
All Students in Grades 6-12 must purchase a chrome book from BHCS \$290.00
(with good care, should last 3-4 years)
Due June 30, 2023
- Returned check charge \$35.00

**All fees are non-refundable*

*****EARLY BIRD DISCOUNT:**

If application, registration fee, and signed promissory note are received, and a FACTS account is created on or before February 28, 2023, a \$250 tuition discount will apply.

I have read and fully understand that by registering my student(s), I am responsible for all tuition and fees as set forth above and on the following page. This includes the commitment to purchase a Chromebook from BHCS for students in grades 6-12. All tuition and fees are non-refundable except as outlined in item 5 of the promissory note.

2023-2024	
Grade Level	Tuition/Book Fee*
K5	\$5,600
1 st -5 th	\$6,150
6 th -8 th	\$6,650
9 th -12 th	\$6,950
\$700 2 nd & 3 rd child discount will be applied	

Annual Fund Fee: \$400 per family**

BHCS does not solicit state or federal government funds of any type. Therefore, tax-deductible contributions of \$400 per family are needed to meet the financial goals of the school. **This fee is due June 30, 2023. This fee must be paid before the student will be allowed to attend classes. **Annual fund fee is non-refundable**

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.

Please note that two background checks per family are included in tuition. Please submit the form with the re-enrollment form.

Please circle if applicable:

Full-time pastor

Beth Haven alumni

If referred by a current family, please name:

Responsible Party Signature

Date

BHCS Signature

Date



2023-2024 EMERGENCY STUDENT INFORMATION FORM

Student's Name _____ Grade: _____

Emergency Contacts (school office will contact in case of illness or emergency)

Mother : _____ Phone: _____

Father : _____ Phone: _____

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

Other than the above emergency contacts, please list persons authorized to pick up your student:

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

Grades K-5 ONLY: Please indicate if your student will be picked up after school or go to extended care:
PICK UP EXTENDED CARE

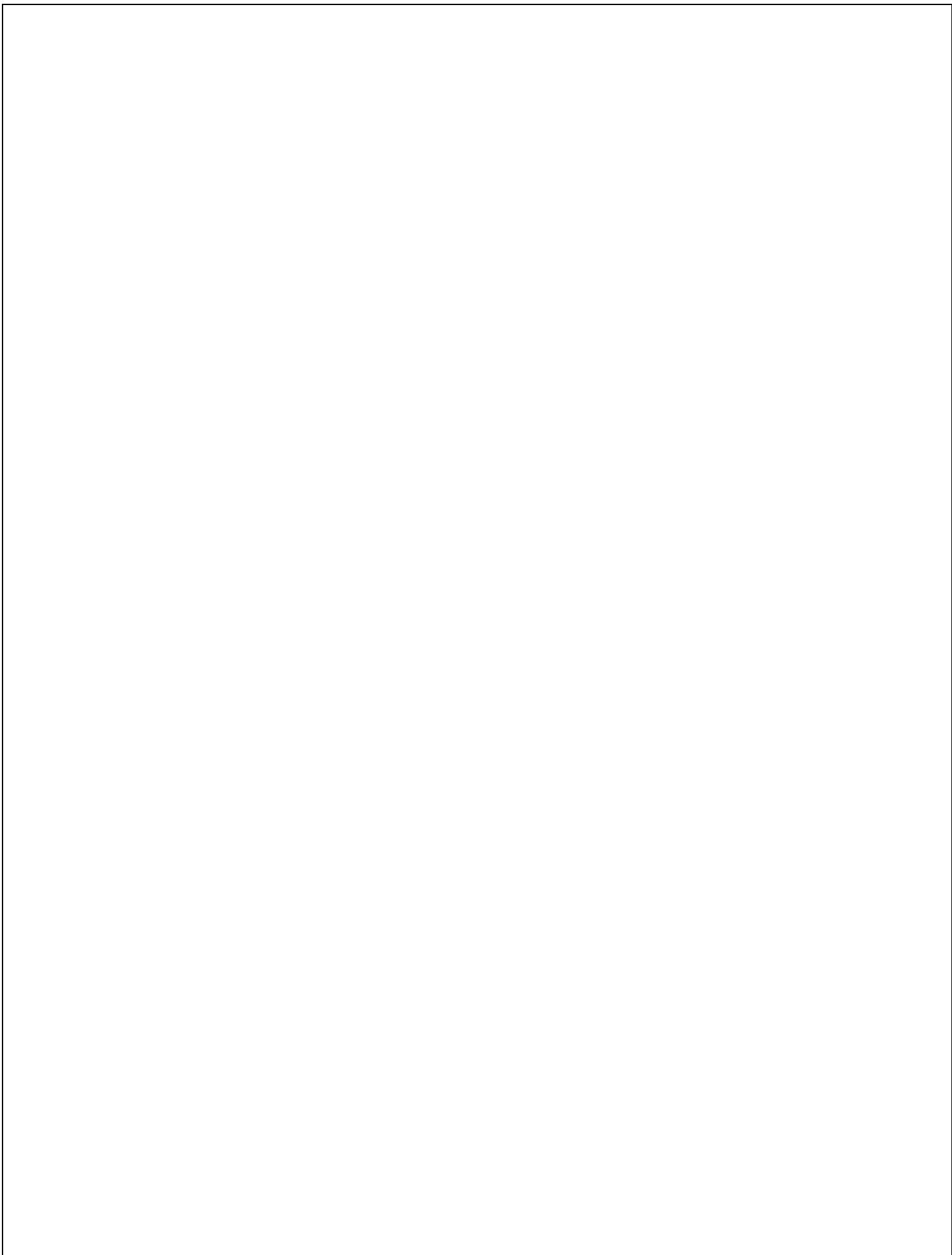
Please list any information regarding allergies, medical conditions, learning difficulties, behavioral issues, custody issues, etc.

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

Parent Signature

Date

Printed Name



AOC-RU-007
Rev. 4-08
Page 1 of 1
Commonwealth of Kentucky
Court of Justice
www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE
COURTS RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Please fill in ALL information below and return this form to the school office.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have questions, please contact the Records Unit at (502)-573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY.**

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME (S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/PO BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to quality for record processing.



AOC-RU-007
Rev. 4-08
Page 1 of 1
Commonwealth of Kentucky
Court of Justice
www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE
COURTS RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Please fill in ALL information below and return this form to the school office.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have questions, please contact the Records Unit at (502)-573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY.**

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME (S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/PO BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to quality for record processing.





**BETH HAVEN
CHRISTIAN SCHOOL**

Credit Card Payment Agreement

I agree for Beth Haven Christian School to charge the following on my card for (please circle):

Pre-Admission Testing Registration Annual Fund Supply Fee Technology Fee
Chromebook Other _____

Amount: \$ _____

Processing Date: _____

Name on Card _____

Student Name _____

Credit Card Number _____

Security CVS code _____

Expiration Date _____ Zip Code _____

Email address: _____

Signature _____ Date _____

Initials _____