FOR OFFICE USE ONLY

Re-enrollment Fee
Annual Fund
Monthly Payments or Paid in Full



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

2018-2019 Re-enrollment Form

Student Information

Student's Legal Name		
Last	First	Middle
Student's Preferred Name:		
Student's Birth Date:Ra	ice: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:	Religiou	s affiliation:
Parent/Guardian Inforn	nation	
Father	Occupation_	
Father's Employer:	Fat	her'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 Widov	ved Divorced Remarried Single
Church father attends:	Religious a	affiliation:
Mother	Occ	cupation
Mother's Employer:	Mo	other's Work #
Mother's Cell #:	Mother's	s Home #
Mother's Address:		
Mother's E-Mail Address:		
Marital Status (circle one): Married to	student's father Widowe	ed Divorced Remarried Single
Church mother attends:	Religious	affiliation:

Emergency Contacts (other than parent/guardian) Name		
Other medical needs (please explain): Emergency Contacts (other than parent/guardian) Name	Medical Information	
Emergency Contacts (other than parent/guardian) Name	Allergies School needs to be aware of:	
Emergency Contacts (other than parent/guardian) Name	Other medical needs (please explain):	
Phone Number(s) Name	_	
By signing below I agree that all information provided on the preceding pages is correct and agree to notif	Name	Relationship to student
Name	Address	
Phone Number(s) Person's authorized to pick up students (in addition to parents/guardian & emergency contacts): Name	Phone Number(s)	
Person's authorized to pick up students (in addition to parents/guardian & emergency contacts): Name	Name	Relationship to student
Person's authorized to pick up students (in addition to parents/guardian & emergency contacts): Name	Address	
Phone Number(s) Name Relationship to student Relationship to student	Phone Number(s)	
Address		· ·
Phone Number(s)	, 0	
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Phone Number(s)	NameAddress	
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Phone Number(s)	NameAddressNameNameAddress	Relationship to student
By signing below I agree that all information provided on the preceding pages is correct and agree to notif	Name Address Phone Number(s) Address Phone Number(s)	Relationship to student
school office in writing with any updates/changes to the information provided immediately.	Name Address Phone Number(s) Address Phone Number(s) Name	Relationship to student

Beth Haven Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic or other school-administered programs.

Beth Haven Christian School 2018/2019 - 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. Families
who choose this option will receive a 5% discount on total only. This option is available
until June 1, 2018.

- 2- Monthly Payments The student's tuition payments are made through FACTS Management Company monthly JUNE 2018 thru MAY 2019. FACTS charges an annual fee to set up the account.
- Registration Fee: *

Early Registration Fee: \$150/Child After February28, 2018: \$250/Child After June 29, 2018: \$350/Child

- **Parking Fee: \$25** due August 17, 2018 (for students who drive to school)
- **Kindergarten Graduation Fee: \$50** due March 1, 2019
- **Junior Class Fee: \$50** due March 1, 2019
- **Senior Graduation/Class Fee: \$175** due March 1, 2019
- **Sports Fee- per Sport**: High School- **\$75**, Middle School- **\$50**, Elementary- **\$35**
- Returned check charge \$25.00
- *All fees are non-refundable

Please check:

- o Full-time pastor
- o Beth Haven alumni
- If referred by a current family, please list name

Grade Level Tuition/Book Fee			
Kindergarten	\$4,500		
1 st -5 th	\$4,900		
6 th -8 th	\$5,300		
9 th -12 th \$5,500			
\$700 additional child discount will			
be applied.			

*Please note that these rates are only valid if the registration fee is paid AND FACTS enrollment is completed by February 28, 2018. Otherwise, the 2018-2019 tuition rates will be in effect.

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 29, 2018. 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.

**Annual fund fee is non-refundable

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. All tuition and fees are non-refundable except as outlined in item 5 of the promissory note.

Responsible Party Signature Date BHCS Signature Date

Beth Haven Christian School 2018/2019 – PROMISSORY NOTE

On or before Maturity Date, the value received, the sum of \$ _______, for tuition/book fees and other valuable considerations receipt of which are hereby acknowledged, without interest. 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 5th or 20th 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 Student will be prohibited from attending school until satisfactory payment arrangements have been made. If the file is 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. Because of the hiring of teachers and staff and the ordering of textbooks and other classroom materials are based upon enrollment, withdrawals are subject to the following obligation:

Withdrawals after June 1 one-month's tuition is due
 Withdrawals after July 1 two-months' tuition is due
 Withdrawals after August 1 three-months' tuition is due

• Withdrawals after the start of school full year's tuition due

Parent initial_____

- 5. 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.
- 6. Student records will not be released and no credit for a student's work can be earned unless all financial obligations are met.

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.

2018-2019 EMERGENCY STUDENT INFORMATION FORM

Student's Name	Grade:
Emanganay Cantaata (ashaal affice will assist to	n aggs of illness on amongon av
Emergency Contacts (school office will contact in	n case of illness or emergency)
Mother:	Phone:
Father:	Phone:
Name/relationship:	Phone:
Name/relationship:	Phone:
Other than the above emergency contacts, please	e 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 studen PICK UP EXTENDED CARE	at will be picked up after school or go to extended care:
Please list any information regarding allergies, medicustody issues, etc.	ical conditions, learning difficulties, behavioral issues,
By signing below, I agree that all information pro in writing with any updates/changes to the information	ovided is correct and agree to notify the school office mation provided immediately.
Parent Signature	Date
Printed Name	

IMMUNIZATON REQUIREMENTS

A recent amendment to the Kentucky Administrative Regulation on the immunization schedules for attending school added new immunization requirements for the 2018-2019 school year.

ALL students in grades K-12 must provide a new current immunization certificate showing proof that the student has had **two doses of the Hepatitis A vaccine** to attend school.

Please contact your health care provider **immediately** to determine if your student has had the required vaccines. If so, please provide a new current immunization certificate showing the dates doses were administered. **If not, please act quickly to ensure that your student receives the vaccine timely as the second dose is recommended to be received six months after the initial dose.**

In addition to the Hepatitis A requirement (above), students aged 16 and older must provide a current immunization certificate showing proof that the student has received TWO doses of Meningococcal ACWY vaccine to attend school.

Again, please contact your health care provider **immediately** to ensure that your student will be up-to-date with all required immunizations prior to the beginning of the 2018-2019 school year.

We must have a NEW CURRENT KENTUCKY IMMUNIZATION CERTIFICATE FOR EACH STUDENT no later than July 13, 2018. Please begin submitting the NEW CURRENT KENTUCUKY IMMUNIZATION CERTIFICATES IMMEDIATELY.

Attached is a listing of required immunizations for School-Age Children. Please contact Jessica Piercey (jpiercey@bethhaven.com) with any questions.