

FOR OFFICE USE ONLY

Re-enrollment Fee _____

Annual Fund _____

Monthly Payments or Paid in Full _____



**BETH HAVEN
CHRISTIAN SCHOOL**

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(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: _____ 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 _____

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 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 February 28, 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:

- Full-time pastor**
- 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

2018-2019 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

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.