**\*$50 Fee must be returned with this form**

**Berean Christian Academy**

**Re-Enrollment Application**

**2025-2026**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY INFORMATION**

**Father/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Marital Status: Married Separated Divorced Single Widowed**

**Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religious Information**

**Church Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Father a Christian? Yes\_\_\_\_ No\_\_\_\_ Is Mother a Christian? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Does the student and at least one (1) parent attend a Bible-believing church one (1) or more times a week? Yes\_\_\_\_ No\_\_\_\_\_**

**Your Pastor must complete the information below:**

By my signature below I affirm that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ family are regular members/attendees in good standing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ church.

Pastor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People Authorized to Pick up my Child from School**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Phone#**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Phone#**

**Student Standard of Conduct**

**Do you accept the Bible as God’s Word and submit yourself to its principles as a final authority in every area of your life? \_\_\_\_\_\_\_\_\_\_\_**

**Will you promise not to draw, wear, or display in any way anti-Christian symbols? \_\_\_\_\_\_\_\_**

**Will you agree to dress according to the uniform guidelines and hair code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you agree to dress in public in a manner that will be a consistent, daily example of our Lord Jesus Christ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere.

Students found to be out of harmony with the school’s ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of Berean Christian Academy, I pledge to uphold this school’s standards against cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*PARENT PERMISSION TO GIVE “OCCASIONAL” OVER-THE-COUNTER MEDICATION\***

This form is required before over-the-counter medication can be administered at school. PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION:

I approve all medications listed below: \_\_\_\_ I do not want any OTC meds given to my student:\_\_\_\_\_

**TOPICAL:** \_\_\_\_\_ Antibiotic cream (i.e. Neosporin) \_\_\_\_\_ Hydrocortisone cream (i.e. Cortaid)

\_\_\_\_\_Benadryl cream (i.e. Caladryl, Diphenhydramine)

**ORAL:** \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin) \_\_\_\_\_ Acetaminophen (i.e. Tylenol) \_\_\_\_\_ Cough Drops \_\_\_\_\_ Pepto Bismal

* OTC medication will be given at the manufacturer’s recommended dosage. THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Guardian Date

**IF YOU HAVE FINANCIAL AID OR SPECIFIC PAYMENT ARRANGEMENTS, THEY ARE REVIEWED EACH YEAR.**

**YOU WILL NEED TO REAPPLY FOR THE 2025-2026 SCHOOL YEAR.**

**FINANCIAL AGREEMENT**

**I/we understand that there is a re-enrollment fee of $50.00 per student if returned by June 1st. If enrollment application is returned after June 1st, the enrollment fee is $100.00.**

**I/we understand that the cost of tuition is: (check which one applies for this applicant)**

* **$3,650.00\* per year per child (Curriculum is included)**
* **$3,650.00\* per year for second child (Curriculum is included)**
* **$3,650.00\* per year for third child (Curriculum is included)**
* **$650.00\* Annual Curriculum charge per additional child**

**I/we will pay (check one);**

* **The total due on August 1st**
* **10 monthly installments beginning August 1st, (multiple payment plans require a checking/saving account and the completion of a bank draft.**

**Date of withdrawal is the 15th day of the month**

**I/we understand that additional fees will be billed on the first of each month and are in addition to the tuition. (Example: Athletic and Band Fees)**

In the event that a student's enrollment should terminate prior to the end of the school year, leaving a credit balance against their account, a refund equal to the credit balance, less any discounts, will be issued within 90 days of the student's termination date, unless a separate debt exists on an account affiliated with the same financially responsible party. In such cases, the credit balance will be applied against the existing debt, with any remaining balance refunded as described above. Students leaving beyond the mid-point of the semester owe for a full semester.

If a student needs to take additional coursework that goes beyond what we would consider to be a normal academic load, then we will consult with the family and bill accordingly.

Any payment not received by the end of the month will result in the parents being asked to remove the student(s) from school until the balance is brought current.

Should a check or ACH be returned to our office because of insufficient funds, a $25 fee will be charged, parents will be notified to come in, make cash payment, and pick up the returned check.

**AGREEMENT**

**I/we agree to meet the financial obligations as outlined above and will submit to program requirements.**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please fill out a Direct Debit Authorization form in the office if your information has changed from last year