

# Bilingual Christian Academy & Technology, Inc.

3241 S. John Young Parkway, Kissimmee, FL 34758

T. 407-530-4227 • BCATschool.com



## Enrollment Application: 2020 – 2021

Grade Entering: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Received: _____
Reg. Fee: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____
<b>Returning</b> <input type="checkbox"/>	<b>Sibling</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/>
<input type="checkbox"/> Phys. Form	<input type="checkbox"/> Last Report Card
<input type="checkbox"/> Vaccines	<input type="checkbox"/> FSA or Testing Evidence
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Interview
<input type="checkbox"/> Zero Balance	<input type="checkbox"/> Emergency Contact Card
Student # _____	Accepted _____
Payment Plan <input type="checkbox"/>	Scholarship <input type="checkbox"/> Paid in Full <input type="checkbox"/>
<b>Extended Care:</b> <input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> AM <input type="checkbox"/> PM

BCAT will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, gender as determined at birth, national and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Ethnicity: \_\_\_\_\_

Social Security: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

For students entering Kindergarten, did your child participate in the VPK program last year?  Yes  No

If Yes, where? \_\_\_\_\_

#### Students live with the following adults:

Child lives with:  Father  Step-father  Mother  Step-mother  Legal Guardian

Person Responsible for tuition: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name & address of Student's Previous School \_\_\_\_\_

Siblings' names, grades, and school(s) attending \_\_\_\_\_

#### Parents:

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Email (please print clearly): \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

#### Parents

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Email (please print clearly): \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

### SPIRITUAL INFORMATION

Name/Location of church your family attends: \_\_\_\_\_

Pastor: \_\_\_\_\_

#### Contacts: List non-custodial parents below, unless you supply legal documentation denying contract.

List two neighbors or relatives who will assume temporary care of your child if parents cannot be reached:

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Other authorized people to pick up child (first & last names, and cell number):

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Name: \_\_\_\_\_ Tel. \_\_\_\_\_

**SCHOOL HOURS** - Monday to Thursday: 8:00 am – 2:30pm / Friday: 8:00 am – 1:30 pm

For New Students Only: How did you hear about our school? \_\_\_\_\_

Why do you want your child to come to this school? \_\_\_\_\_

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**PARENTAL CONSENT (must be signed at the bottom of page)**

**EMERGENCY CARE AND PICK-UP PERMISSION**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements deemed necessary.

**CHILD ACCESSABILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT** (Note: This is to include information regarding parental and also non-spousal relationships (i.e., girlfriend/boyfriend of the child's parents).

In order to prevent unauthorized visit or pickup of my child at BCAT by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the BCAT School office with all official, legal court documents (including, but no limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school offices staff to be kept on file.)

**PERMISSION TO TRAVEL**

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities.

**SCHOOL HEALTH SERVICES**

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse. The activities may include screening for vision and hearing problems and Scoliosis (curvature of the spine). I understand that there is no charge for these services.

**STATEMENT OF NON-DISCRIMINATORY POLICY**

I have been informed that BCAT School admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

**BCAT ENROLLMENT AGREEMENT**

"I have read the "BCAT Enrollment Agreement 20\_\_ - 20\_\_" inserted as page 3 of this application; and I understand and am in agreement with the policies set forth."

**STATEMENT OF FAITH**

I have read the "Statement of Faith" printed below and subscribe to them. I am willing to have my child trained in accordance with the school's "Statement of Faith"

1. We believe the Bible is the only infallible and authoritative Word of God.
2. We believe there is one God, eternally existent in the three persons: God the Father, God the Son, and God the Holy Spirit.
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal future return to this earth in power and glory.
4. We believe that the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
5. We believe in the redemptive work of Christ on the cross provides healing of the human body, in answer to believing in Prayer.
6. We believe that the Baptism of the Holy Spirit is available to all believers (Act 2:4).
7. We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.

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Student's Name and Signature

Date

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Parent's Name and Signature

Date