



			Date of Birth: _____					School Year 2018-2019		M	F
			↓ Grade (Please Circle)								
Legal Last Name ↑	Middle ↑	First ↑	K3	K4	K5	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	
Name child is called:											
Address:			Early Arrival ( ) yes ( ) no								
			After School Program ( ) yes ( ) no								
City:	State:	Zip:	Transportation: Personal Vehicle Day Care:								
Mother/Guardian's Name:			Father/Guardian's Name:								
Home Phone ( )			Home Phone ( )								
Work Phone ( )			Work Phone ( )								
Cell Phone ( )			Cell Phone ( )								
e-mail address:			e-mail address:								
Mother's Employer:			Father's Employer:								
Adult(s) child lives with:											

**Alternative Emergency Contacts**

Primary Emergency Contact:	Secondary Emergency Contact:
Home Phone ( )	Home Phone ( )
Work Phone ( )	Work Phone ( )
Cell Phone ( )	Cell Phone ( )

Persons authorized to pick up child (other than Guardians) and phone number:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Discounts & Information**

Church Membership:	Denomination:
Siblings who attend Crossroads: ➤ ➤ ➤	Public school district where child lives (Lowndes Co., Valdosta City etc.)  Public school student is zoned to attend:

**Information Release and Field Trip Permission Form**

Post my child's picture on our church/school website. No identifying information will be listed. (www.crossroadsbaptist.com/school/cbs_home) ( ) yes ( ) no _____ <i>Initial</i>
Send information to the newspaper which may include my child's name and/or picture. (For example: Honor Roll) ( ) yes ( ) no _____ <i>Initial</i>
Use my child's picture, which may include my child's name, for our school yearbook. ( ) yes ( ) no _____ <i>Initial</i>
My child has permission to attend all field trips and special events off campus for the 2018-2019 school year. I will provide an appropriate booster seat if needed. ( ) yes ( ) no _____ <i>Initial</i>

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Financial Agreement

The Registration Fee is for **new** students and is due at the time of registration and is **non-refundable**. The Curriculum Fee is due at the time of registration for all students. The Curriculum Fee is **non-refundable** and reserves the child's class placement. If a student moves due to a parent's transfer of employment out of the area, the Curriculum Fee may be refunded before June 1st. No part of the Curriculum Fee is refundable due to job transfer, after June 1st or during the school year. The School Committee of Crossroads Baptist Church set refunds, tuition, and fees. When parents who have paid tuition for the whole year request a refund, the 5% discount is removed and there is a \$185 Administrative fee. The first month's tuition is due August 1<sup>st</sup> and the last month's tuition is due May 1<sup>st</sup>. A late fee of \$25.00 is applied to tuition if paid after the 10<sup>th</sup> of each month. A second late fee is applied after the 20<sup>th</sup>. We **do not mail** statements each month unless there is a balance on the account after the 10<sup>th</sup>. A Personal Supply List will be made available in May for the upcoming year. **Immunization forms must be current and on file prior to the start of the school year. New students must have a copy of their birth certificate, social security card, current immunization records, and Eye Ear Dental GA form 3300 (K4-5th grade) at the time of registration.**

### ACKNOWLEDGEMENT

\_\_\_\_\_ I (we) will read and agree to abide by all policies of the 2018-2019 Parent/Student Handbook issued in  
(initials) August.

\_\_\_\_\_ I (we) further acknowledge that, pursuant to the Financial Policies section of the Parent/Student Handbook,  
(initials) transcripts, grades, etc. will not be released until all financial obligations under this tuition/ASP contract have been satisfied. This would apply to transfers during the school year as well as the end of the school year.

\_\_\_\_\_  
Parent or Guardian Signature:

\_\_\_\_\_  
Date:

\*\*\*\*\*

#### For School Use Only

Registration Paid \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_ ck# \_\_\_\_\_

Curriculum Fee \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_ ck# \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Social Security Card \_\_\_\_\_

Immunization Record (GA Form 3231) \_\_\_\_\_ K4-5th Grade -Eye Ear Dental (GA form 3300) \_\_\_\_\_

Return the completed form and Registration Fee and/or Curriculum Fee to the school office, or mail to:

Crossroads Baptist School  
3001 Country Club Drive  
Valdosta, GA 31602

Attn: School Principal