Believe, learn and seek truth.

BLAST Christian Academy
New Student Enrollment Form
2022-2023

STUDENT INFORMATION:

Full Name: _____

Gender: ☐ Male ☐ Female Current Age: _____ Date of Birth: _____

Address: _____

Enrolling Grade for Fall 2022: *ages listed are the youngest a student can be to enroll in each grade

☐ K4 (4 y.o. by 8/1) ☐ K5 (5 y.o. by 8/1) ☐ First (6 y.o. By 8/1) ☐ Second (7 y.o. by 8/1)

☐ Third (8 y.o. By 8/1) ☐ Fourth (9 y.o. By 8/1) ☐ Fifth Grade (10 y.o. by 8/1)

PARENT INFORMATION:

Father's Name: _____ Cell Phone Number: _____

Place of Employment: _____ Work Phone Number: _____

Residential Address: _____

Email Address: _____

Mother's Name: _____ Cell Phone Number: _____

Place of Employment: _____ Work Phone Number: _____

Residential Address: _____

Email Address: _____

☐ Student lives with both parents full time. ☐ Parents are separated and share custody.

☐ Other custody situation: _____

EMERGENCY INFORMATION:

Student Name: _____

Student's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Individuals to contact in case of emergency: *(we will start at the top and continue down until we reach someone)*

1)_____ Relation: _____

Phone: _____

2)_____ Relation: _____

Phone: _____

3)_____ Relation: _____

Phone: _____

4) _____ Relation: _____

Phone: _____

Does your child have any food allergies? ☐ NO ☐ YES _____

Dietary restrictions? ☐ NO ☐ YES _____

Special needs? ☐ NO ☐ YES _____

Receive special services? ☐ NO ☐ YES _____

Receive services at school? ☐ NO ☐ YES _____

Any other pertinent medical information about your child:

_____

_____

CHILD PICKUP AUTHORIZATION:

Student Name: _____

People allowed to pick up this student - please include parents:

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

NAME: _____ RELATION:_____

DRIVER'S LICENSE NUMBER: _____ PHONE: _____

People not allowed to pick up my child:

_____

_____

Anyone unfamiliar to BLAST Christian Academy staff will be asked to show identification upon pickup. Students will not under any circumstances be released to someone who is not on this form without written consent from the parent.

ALLERGY INFORMATION:

Student name: _____

☐ My child does not have allergies.

☐ My child is allergic to:

_____

_____

Symptoms:

_____

☐ My child has been prescribed an EpiPen and I will supply it and all necessary related medications (i.e. benadryl) ON THE FIRST DAY OF SCHOOL. The EpiPen and medications will be new and unopened. I understand these medications will only be accepted in accordance with the above. If EpiPen is administered, staff will call 911 and then contact parents.

Parent Signature: _____

PHOTO RELEASE:

☐ BLAST Christian Academy may take photos of my child for use on materials that may include but are not limited to brochures, newsletters, videos, and digital images such as those on our website and social media. Names will not be used in conjunction with the images. I understand that these photos may be used without further notification.

☐ BLAST Christian Academy does not have permission to use photos of my child.

Child's Name: _____

Parent Signature: _____

FINANCIAL AGREEMENT:

- Registration fee ($50 - waived for siblings and returning students) and supply fee ($250) is due upon enrollment.
- Tuition ($350 for K4 and $450 for K5) is billed monthly August-May.
- Discounts apply for second and third enrolled siblings as well as teacher's children.

By enrolling your child at BLAST Christian Academy, you are contractually obligated to pay tuition for the entire school year. If your family is relocated more than 40 miles from Richmond, or extenuating health circumstances affecting the student or an immediate family member cause your child to be unable to attend school, we will take your request to the board for a decision on whether or not you may be released from your contractual financial agreement.

PARENT INITIALS _____

Registration and supply fees are due at the time of enrollment and are non-refundable under any circumstances. Tuition is due on the 1st of each month; a late fee will incur if tuition is unpaid by the 10th of the month. If tuition is not received by the 15th of the month, your child may be suspended from the program until payment is made. It is not our desire to see children leave our school, but we must ensure that proper payments are received.

PARENT INITIALS _____

Absence from school is not an acceptable reason for non-payment. If your child is sick, has an appointment, your family is traveling, etc. your tuition will not be prorated. The full tuition amount will still be due on the 1st of the month.

PARENT INITIALS _____

MY FAMILY'S FINANCIAL OBLIGATION: (including all enrolled students)

Total due upon enrollment: _____ PARENT INITIALS _____

($300 for first enrolled sibling, $250 for additional siblings and existing students)

Total due monthly August-May: _____ PARENT INITIALS _____

($350/$450 for first enrolled sibling, $50 off for second enrolled, $75 off for third enrolled)

BLAST CHRISTIAN ACADEMY

REQUIRED ENROLLMENT DOCUMENTATION:

☐ Current up-to-date Immunization Record

☐ Copy of Birth Certificate

☐ Physical Screening*

☐ Dental Screening* *Physical, dental, and vision screenings are needed for kindergarten and up.

☐ Vision Screening*

☐ Completed Enrollment Form

☐ Handbook Agreement Form (can be found on the Registration page of our website)

☐ Registration Fee ($50) *not required for additional siblings or returning students*

☐ Supply & Book Fee ($250)

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE LIST THE SCHOOL NAME AND ADDRESS BELOW SO THAT WE CAN OBTAIN NECESSARY STUDENT RECORDS:

SCHOOL NAME: _____

ADDRESS: _____