

BROADWAY CHRISTIAN SCHOOL

301 N. 15th Ave. Hopewell, Va. 23860

804-458-5370



A Ministry of Broadway Baptist Church

WWW.BROADWAYCHRISTIANSCHOOL.COM

“Train up a child in the way he should go: and when he is
old he will not depart from it”

Proverbs 22:6

Thank you for requesting information about Broadway Christian School. This package contains our school handbook and the necessary forms should you choose to make application for enrollment.

Students must be five years old by September 30 in order to attend Kindergarten. Use the following checklist to ensure that you have all the necessary items:

Birth Certificate

Physical Exam (Kindergarten)

Immunization Record

T-Dap Vaccination (required for those entering sixth grade)

Signed Transcript Release

Social Security Card

Student Application

Financial Agreement

Student Pickup List

Media Release Form

If you have any further questions, please contact the school office @ 804-458-5370 or email, juliedavisbcs@gmail.com

Financial Schedule 2020-2021

The finances of Broadway Christian School depend upon the tuition payments and the gifts of its friends for operation. Special fund raising programs will be help and cooperation is required.

Registration Fee - \$100.00 (This payment is required at the time of application and is non-refundable.) After September 1st this fee will go up to \$125.00

Tuition Fee - *\$2750.000 year (\$275.00 monthly)*

Curriculum Fee for Kindergarten - *\$150.00 per year*

Curriculum Fee (grades 1-12) - *\$250.00 per year*

Elective Fee (grades 8 & up) - *\$75.00 per elective*

Technology Fee - *\$100 per year (\$10.00 monthly)*

Book Fees Are Due By August 1st

Discounts:

** First child pays ~~full~~ tuition; each additional child receives \$500.00 off of the yearly tuition.

** Additional \$250.00 off of the yearly tuition for each returning family.

** Military Discount of 5% for active military

* If testing is necessary this will be done only after registration is paid.

Broadway Christian School Financial Agreement

Name of the person/persons who will be responsible for this account:

Social Security # _____ - _____ - _____

Home Address: _____

Phone #: _____ Email _____

Payment Options:

I. Full Payment (10% discount) Due September 1.

II. Monthly Plan – 10 monthly payments. Due first day of the month.
September – June (including June)

III. Monthly Plan – 11 monthly payments. Due first day of the month.
This plan includes tuition, book fees, and My Schoolworx combined and divided into 11
monthly payments. August – June (including June)

All Tuition payments are due the first of the month. Late after the 10th. There will be a
\$20.00 late fee on payments made after the 10th unless special arrangements have been made.

Special arrangements are described below:

Payment Option Chosen _____

**** Book fees must be paid by August 1st**

** If your payment ever becomes more than two months past due, we will ask you to remove
your child from our school unless arrangements are made with the administration.

** If you wish to withdraw your child from our school for any reason, no refund will be given for
any portion of a month.

I hereby agree to honor my financial obligation by meeting the guidelines as set forth in this
agreement.

Signed _____ Date _____

Approved By _____ Date _____

**Application of Intent for Admission
Broadway Christian School**

Application Date ____/____/____

Student Name _____

Complete Address: _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Age _____ Grade Entering _____

Grade Entering _____ Social Security # _____

Father's Name _____

Employer _____ Work Phone # _____

Mother's Name _____

Employer _____ Work Phone # _____

Has your child previously attended a Christian or Private School? Yes _____ No _____

If Yes, Where? _____

Has your child ever failed a grade or been retained? Yes _____ No _____

If Yes, Please Explain _____

Has your child ever been expelled or suspended from school? Yes _____ No _____

If Yes, Please Explain _____

Has your child ever had a psychological evaluation, been diagnosed as hyperactive, attention deficit disorder, or have any physical disabilities? Yes _____ No _____

If Yes, Please Explain _____

Is your child presently taking regular medication? Yes _____ No _____

If Yes, Please Explain _____

Medical authorization form must be completed if your child has to take medication during the school hours.

School Last Attended: _____

Address _____ City _____ State _____ Zip _____

We Must Have A Local Emergency Phone Number in Case Parents Cannot Be Reached

Name _____ Relationship _____ Phone # _____

Final decisions regarding acceptance are made by the administration of Broadway Christian School. Therefore, we must know your reasons for applying to our school. Your reasons for enrollment should include a desire for spiritual growth. We should not be used primarily as an escape from a bad environment. Students should be enrolled here with the intent of completing their education process here.

Reasons for applying to BCS: _____

Signature of the person responsible for this account:

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work # _____

Email Address _____

Does your family attend church? Yes _____ No _____ If Yes, Where? _____

How did you hear about Broadway Christian School? _____

Broadway Christian School
301 North 15th Avenue
Hopewell, VA 23860

Pastor Jerry Davis
Administrator

Julie Davis
Principal

STUDENT RECORD RELEASE

The student(s) listed below recently enrolled in our school. We would appreciate you sending the following:

Attendance Record
Confidential Record (psychological records, special placements records)
Cumulative Scholastic Record (transcript of grades)
Discipline Record (referrals, suspension, expulsion, etc.)
Explanation of grading scale

Thank you for your prompt attention.

Student Name _____

Date of Birth _____ Grade _____

As evidenced by my signature below, I hereby authorize the release of my child's school records to:

Broadway Christian School
301 North 15th Avenue
Hopewell, VA 23860
Attention: Admissions

Signature of Parent or Guardian

Date

Name and Complete Address of last school attended:

Name of school

Address

City

State

Zip

**BROADWAY CHRISTIAN SCHOOL
AUTHORIZATION TO PICK UP STUDENT**

For the safety and protection of your children we ask that you provide a list of people that will be authorized to pick up your child from our school.

The following people will be authorized to pick up my child.

Student's Name _____

Name	Relation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Only the people listed above will be allowed to pick up my children.

Signed _____ Date _____

MEDIA RELEASE FORM

I, _____, grant permission to Broadway Christian School hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines
 - General Publications - Website and/or Affiliates - Other: Social media

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 20 years of age)