BROADWAY CHRISTIAN SCHOOL

301 NORTH FIFTEENTH AVE
HOPEWELL, VA 23860
804-458-5370

A Ministry of Broadway Baptist Church

"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 all of 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 of the necessary items:

- birth certificate
- physical exam (kindergarten)
- immunization record
- t-dap vaccination (required for entering sixth grade)
- signed transcript release
- social security card
- student application
- financial agreement
- student pickup list
- media release form

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

Financial Schedule

The finances of Broadway Christian School depend upon the tuition payments and the gifts of friends for operation. Special fundraising programs will 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 - $3250.00 per year ($325 monthly)

Curriculum Fee - $300.00 per year*

Elective Fee - $75.00 per elective**

Technology Fee - $100.00 per year

Discounts:

$500 off the yearly tuition for each additional child in the same family
5% discount for active military

*Curriculum fees are due by August 10th.
**Music and Art are a different price. Ask for more information if you are interested.
***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:

1. Monthly Plan - 10 monthly payments. Due first day of the month. September through June (including June)
2. Monthly Plan - 11 monthly payments. Due first day of the month. This plan includes tuition, book fees, and MySchoolWorx combined and divided into 11 monthly payments. August through June (including June)

All tuition payments are due the first day of the month and are considered late after the tenth day of the month. There will be a $20.00 late fee on payments made after the tenth unless special arrangements have been made.
Special arrangements are described below:

_____

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

Payment Option Chosen: _____
I hereby agree to honor my financial obligation by meting 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: _____

Social Security #: _____

Father's Name: _____

Father's Employer: _____ Work Phone #: _____

Mother's Name: _____

Mother's Employer: _____ Work Phone #: _____

Has your child previously attended a Christian or private school? _____

If yes, where? _____

Has your child failed a grade or been retained? _____

If yes, please explain: _____

Has your child ever been expelled or suspended from school? _____

If yes, please explain: _____

Has your child ever had a psychological evaluation, been diagnosed as hyperactive, attention deficit disorder, or have any physical disabilities? If yes, please explain: _____

Is your child presently taking regular medication? _____

If yes, please explain: _____

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

School last attended: _____

Address: _____ City: _____
State: _____ Zip Code: _____

We must have a local emergency phone number in case parents cannot be reached.
Emergency Contact Name: _____
Relationship to Student: _____
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 Code: _____
Phone #: _____ Work Phone #: _____
Email address: _____

Does your family attend church?_____
If yes, where? _____

How did you hear about Broadway Christian School?
_____

Broadway Christian School
301 North Fifteenth Avenue
Hopewell, VA 23860

Pastor Jerry Davis
Administrator

Mrs. 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, suspensions, expulsions, 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 Fifteenth Avenue
Hopewell, VA 23860

_____
Signature of Parent/Guardian

_____
Date

Name and complete address of last school attended:

_____

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 chid.

Student's Name: _____

Name:	Relation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Signed: _____ Date: _____