

AMBASSADOR BAPTIST ACADEMY

K4/K5 Enrollment Form 2015-2016

Date ____/____/____ Grade ____

For Office Use Only

Entry Date _____
Paid

Student Name (Last, First, Middle) _____

Address (Street, City, State, Zip) _____ E-mail Address _____

Home Phone _____ Sex _____ Birth Date _____ Race (White/Black/Hispanic/Oriental/Other) _____

Father's Name _____ Father's Cell Phone _____ Mother's Name _____ Mother's Cell Phone _____

Father's Employer _____ Father's Work Phone _____ Mother's Employer _____ Mother's Work Phone _____

Emergency Contact (if parents cannot be reached) _____ Home Phone _____ Work/Cell Phone _____

Child's Primary Residence: Both Parents Mother Father Other _____

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Child's Primary Residence: Both Parents Mother Father Other _____

Name of person(s) authorized to take child (other than parents) Relationship Phone

Name of person(s) authorized to take child (other than parents) Relationship Phone

Physician's Name Physician's Phone

Health Problems/Learning Disabilities (if any)

Church you now attend Pastor's Name

VERIFY THAT ALL FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW, THEN SIGN

STATEMENT OF COOPERATION

In making application for my child, I desire him to complete the school year 2014-2015. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees, and that should I remove or transfer my child after the school year has started, I will still owe 50% of the remaining tuition for the year.

I also give permission for my child to take part in all activities of Ambassador Baptist Academy. I further agree to indemnify and hold ambassador Baptist Academy harmless for any and all liability that may result from my child attending or participating in all activities of Ambassador Baptist Academy including transportation to and from said activities.

In the event that an Ambassador Baptist photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, DVDs or other publications of Ambassador Baptist Academy.

Parent's Signature _____ Date _____

Name of person(s) authorized to take child (other than parents) Relationship Phone

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