## AMBASSADOR BAPTIST ACADEMY

AMBASSADOR BAPTIST ACADEMY	For Office Use Only
New Student	
K4/K5 Enrollment Form	Entry Date Paid □
Date/ Grade	

Student Name (Last, First, Mid	ddle)				
Address (Street, City, State, Zi	ip)		E-m	ail Address	
ome Phone Sex		Birth Date Race (White		te/Black/Hispanic/Oriental/Other)	
Father's Name	Father's Cell Phone	Mother's Na	me	Mother's Cell I	Phone
Father's Employer	Father's Work Phone	Mother's En	nployer	Mother's Work	C Phone
Emergency Contact (if parent	ts cannot be reached)	Home Phone	V	Work/Cell Phone	
	K4/K	OOR BAPTIST AC New Student (5 Enrollment Form	_	For Entry D Paid	
Student Name (Last, First, Mid	K4/K Date/	New Student (5 Enrollment Form	m	Entry D	ate
	K4/K Date/	New Student (5 Enrollment Form	n rade	Entry D	ate
Address (Street, City, State, Zi	K4/K Date/	New Student (5 Enrollment Form	n rade E-m	Entry D. Paid □	ate
Address (Street, City, State, Zi	K4/K Date/	New Student (5 Enrollment Fori	n rade E-m Race (Whit	Entry D. Paid ☐	ental/Other)
Student Name (Last, First, Mid Address (Street, City, State, Zi Home Phone Father's Name Father's Employer	Date/	New Student (5 Enrollment Form	n rade E-m Race (Whin	Entry D. Paid ☐ ail Address te/Black/Hispanic/Orie	ental/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 S STATEMENT OF	STATEMENT OF COOPER COOPERATION	ATION BELOW, THEN SIGN		
In making application for my child, I desire him to complete the control is to make no refunds or transfers on registration fees, and the 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 harmless for any and all liability that Ambassador Baptist Academy including transportation to and from a Parent's Signature  In the event that an Ambassador Baptist photographer or videographer or videographer.	hat should I remove or trans Ambassador Baptist Acade may result from my child at said activities. Da	sfer my child after the school year has my. I further agree to indemnify and hold tending or participating in all activities of		
group, I give permission for my child's picture to be used in future b Academy.	rochures, DVDs or other pu	blications of Ambassador Baptist		
Parent's Signature	Da	ite		
Name of person(s) authorized to take child (other than parents)  Name of person(s) authorized to take child (other than parents)	Relationship  Relationship	Phone		
Physician's Name	Physician's Phone			
Health Problems/Learning Disabilities (if any)				
Church you now attend	Pastor's l	Name		
VERIFY THAT ALL FIELDS ARE COMPLETE, READ S STATEMENT OF	STATEMENT OF COOPER COOPERATION	ATION BELOW, THEN SIGN		
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Parent's Signature	Da	ite		
In the event that an Ambassador Baptist photographer or videog group, I give permission for my child's picture to be used in future b Academy.				
Parent's Signature	Da	ute		