



A Ministry of First Baptist Church of Grand Cayman

Paid \$ _____ Date _____ Receipt # _____ <p style="text-align: center;"><b>For office use only</b></p>
--------------------------------------------------------------------------------------------------------------

## Re-registration Form 2010-11 Kindergarten-Grade 6

**Please return this form with payment to the school office.**

All information given on this sheet is strictly confidential. Please print and ensure ALL sections are completed.

\* All outstanding balances must be cleared in order to re-register for 2010-11 school year.

**The following fee is non-refundable:** Re-registration Fee: due by Mar.19 - \$100

(Please print clearly)

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB: dd/mm/yy \_\_\_\_\_ Gr. 2010-11 \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality: \_\_\_\_\_ M / F \_\_\_\_\_

Religion \_\_\_\_\_ Status / Residency / Dependant on Work Permit  
(please circle one if apply)

Mom/guardian: Print name \_\_\_\_\_ Signature \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Home Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Ky1- \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Dad/guardian: Print name: \_\_\_\_\_ Signature \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Home Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Ky1- \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

**This Re-Registration form supersedes all others prior to Feb. 2010. Fee's subject to change.**

**- OVER -**

# PARENTAL COMMITMENT

## A. In signing this Re-Registration form, I/we acknowledge commitment to the following:

1. To support the Christian philosophy of education taught at First Baptist Christian School
2. To support all policies as stated in the FBCS Parent – Student Handbook
3. To participate in school functions and provide FBCS with current health insurance documents.
4. Give permission for photographs of my child to be used by FBCS in various media.
5. Give permission for my child to use the internet while supervised by a teacher.
6. To actively participate in Parent – Teacher Fellowship functions and meetings
7. To ensure tuition payments are made as scheduled. Please note, if fees are delinquent more than one month your child will not be able to attend classes until fees are brought up to date.

- Monthly** – Paid on or before the fifth day of each month, September to June.
- Trimester** – Paid on or before the fifth day of September, December, and March.
- Annual** – Paid on or before the fifth day of the school year.

## B. To support the administration & teachers of the school as outlined in the Student-Parent Handbook.

- ❖ The Parent\Guardian is in agreement with all information under the heading “Administrative Support” on the original FBCS registration form.
- ❖ The Parent\Guardian is in agreement with all information under the heading “Health\Emergency Information” on the original FBCS registration form.

Child’s Health Insurance Information: Company \_\_\_\_\_ Policy# \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER: (Please circle)

Children’s / Junior / Strength Tylenol / Advil / Panadol: YES NO Tums: YES NO Eye Drops: YES NO

Allergies \_\_\_\_\_

\_\_\_\_\_  
**Father \* or legal Guardian - Date**

\_\_\_\_\_  
**Mother \* or legal Guardian - Date**

\* If student lives with both parents/guardians, both must sign.

### Person(s) responsible for student’s account:

Name: \_\_\_\_\_ Mailing address: \_\_\_\_\_ Ph# \_\_\_\_\_

**Kindly review carefully that all questions have been reviewed & answered in order to process in a timely manner.**