**Bay Shore Assembly of God**

**OFFICE USE ONLY**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Reg.  Imm.  Birth Cert**
* **Books**

**CK#:\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_**

**Debit/Credit\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bay Shore Christian School**

**OFFICE USE ONLY**

**Entry Date: \_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***2023-2024***

**STUDENT Application**

211 Bay Shore Road

Bay Shore, NY 11706

(631)665-5241 Fax: (631)665-1066

 Website- [www.bayshoreag.org](http://www.bayshoreag.org) – Email: office.church@optimum.net

**Basic Information**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female**

 **First Name Last Name**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

 **Street City Zip Code**

**Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_ Grade Entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Previously Attended (Name and Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will your child be taking the bus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which bus/school district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information**

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number**:** (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_

If your child has had any of the following diseases, please list dates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bladder Condition** |  | **German Measles** |  | **Poliomyelitis**  |  |
| **Chicken Pox** |  | **Heart Condition** |  | **Rheumatic Fever** |  |
| **Diabetes**  |  | **Measles**  |  | **Scarlet Fever** |  |
| **Ear Conditions** |  | **Mumps** |  | **Tuberculosis** |  |
| **Epilepsy**  |  | **Pneumonia**  |  | **Whooping Cough** |  |

1. **Does your child have any play restrictions?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Does your child have any known allergies or asthma?** \_\_\_\_\_\_\_\_\_

 **If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has your child had any illnesses, injury or surgery during the past year? \_\_\_\_\_\_\_\_\_**

**If yes, explain & give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is your child taking medication on a regular basis?\_\_\_\_\_\_\_\_\_ If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Has your child ever been treated for a psychological or emotional disorder?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, please explain**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Any speech difficulties?\_\_\_\_\_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Any eye/ear problems?\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent and Family Information**

**WE MUST HAVE UPDATED NUMBERS AT ALL TIMES IN CASE OF EMERGENCY!**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone :(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_**

 **Father’s Name**

 **Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

 **Mother’s Name**

 **Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_**

**Others Living in the Household:**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Language spoken at home (other than English):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religious affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email contact:\_**

**PLEASE PRINT CLEARLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Names & Phone Numbers**

**WE MUST HAVE UPDATED NUMBERS AT ALL TIMES IN CASE OF EMERGENCY!**

**Names of people we can contact, other than parents. Parents will be called first.**

**1.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

**2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**3.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

**4.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**Tuition Fees & Billing**

 **Registration Fee: $25.00** (**Non-Refundable**)

 **Monthly Tuition: $500.00**

* **A 25.00, NON REFUNDABLE, registration fee MUST accompany application**.
* **Annual tuition paid in full will receive a 5% discount if received by September 10th**
* **Textbooks must be PAID IN FULL at time of first monthly installment, August 1st.**
* **A 10 month payment plan is also accepted with payments beginning August 1st and ending May 1st**
* **Any tuition payments NOT received by the 10th of the month will incur a $25.00 late fee.**
* **The charge for returned checks is also $25.00, & all future payments must be made by cash or money order.**
* **If you have two children attending, a 10% monthly discount is given to the second child.**

**Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Requirements**

* **Application must be returned by April 1st to insure September placement.**
* **Copy of birth certificate is required for New enrollees**
* **A complete Physical Examination, Eye, Ear and immunization record must be submitted with application.**

**Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick-Up Policy**

 **In the unforeseen event you are picking your child up late on any given day, you MUST give ample notification to the main office of the date and time you will be doing so. Payment is expected at time of arrangement, in the amount of $5.00 per hour. (Anytime after the 10 minute mark will be charged the entire hour). This policy is MANDATORY to provide proper supervision of your child as well as keeping your account current.**

 **If you are NOT registered in our AFTER SCHOOL PROGRAM and DO NOT provide advance notification that you will be late picking up your child, you will be charged $10.00 per hour, which MUST BE PAID AT PICK-UP.**

**\*\*ANY PICK UPS MADE AFTER THE 5:00 DEADLINE WILL INCUR A $50 CHARGE AS WE ARE NOT STAFFED AFTER 5:00PM\*\***

 **Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Before & After School Program**

***Before School Care hours: 7:00am-8:00am***

 ***After School Care: 2:00pm-5:00pm***

Monthly Rates are as follows.

(**No Makeup days**)

**Full Payment is added and due with monthly tuition**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please make your selection*** | ***Before & Afterschool*** | **Hours per month** | **Monthly****Rate** |
|  | ***5 Full Days***  | **80** | **$240** |
|  | ***5 AM’s*** | **20** | **$60** |
|  | ***5 PM’s*** | **60** | **$180** |
|  | ***4 Full Days*** | **64** | **$192** |
|  | ***4 AM’s*** | **16** | **$48** |
|  | ***4 PM’s*** | **48** | **$144** |
|  | ***3 Full Days*** | **48** | **$144** |
|  | ***3 AM’s*** | **12** | **$36** |
|  | ***3 PM’s*** | **36** | **$108** |
|  | ***2 Full Days*** | **32** | **$96** |
|  | ***2 AM’s*** | **8** | **$24** |
|  | ***2 PM’s*** | **24** | **$72** |
|  | ***1 Full Day*** | **16** | **$48** |
|  | ***1 AM*** | **4** | **$ 12** |
|  | ***1 PM*** | **12** | **$36** |

 **Initial:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*ANY PICK UPS MADE AFTER THE 5:00 DEADLINE WILL INCUR A $50 CHARGE AS WE ARE NOT STAFFED AFTER 5:00PM\*\***

 **Initial:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I DO NOT WISH to enroll in the before & after school program:**

 **Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**