



Full Time Student Enrollment Application

\$99 Application Fee: ONLY Required for Full Time and School Hour Students

Personal Information:

Childs Full Name:	Date of Birth: ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Childs Email Address: <i>(optional)</i>		
Full Name Legal Parent/Guardian:	Relationship to Child:	
Full Name Legal Parent/Guardian: <i>(different from above)</i>	Relationship to Child:	
Home Address:		
Parent/Guardian Email Address:		
Home/Cell Phone: _____	Work #:	
Can receive text MMS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of authorized Individual for drop off/pickup:	Relationship to Child:	Phone #:
Name of authorized Individual for drop off/pickup:	Relationship to Child:	Phone #:

Enrollment Information:

Name of school your child is currently registered: _____

Grade: Kindergarten 1st Grade 2nd Grade
 3rd Grade 4th Grade 5th Grade 6th Grade

Please list items your child will bring (computers, hotspot etc.): **Electronic equipment will not be provided, but we will have wifi on site**

Please list any activities to limit or activities to request: *(i.e. ipad,screen time, etc.)*



What is Your Desired Enrollment Package: (check the option that applies)

- Full Time Students (school hours)**
Monday - Friday (Orchard Park School Schedule)
(7AM-2PM)
Price: \$800/month

- Full Time Students (plus after school hours)**
Monday - Friday (Orchard Park School Schedule)
(7AM-5PM)
Price: \$1,000/month

(If you admit two children you receive 10% off your monthly total for Full Time Students)

Late Pickup Fee: \$1 extra for every minute past 5PM for 7AM-5PM students.

\$1 extra for every minute past 2PM for 7AM-2PM students.

We follow the Orchard Park District Schools calendar. When they are closed you must pay the hourly rate of \$12.54/hr even if you are enrolled as a full time student.

Additional Information:

Medical Conditions:

Allergies: (environmental, food, medication etc.)

Any medication dispensed by staff will require completed authorization form separately

Application Completed By:

Parental Guardian Full Name (Print)

Signature

Date

Please complete statement of Child's Health form
(available on our website www.thebaxteracademy.com)

1171 Market Street #111 Fort Mill, SC 29708
support@baxteracademy.com
803-274-5225