



Bilingual Christian Academy & Technology of Lake Wales

School of the Arts

1376 State Road 60 E, Lake Wales FL 33853
T. 863-259-8313 • www.BCATofLakeWales.com

Enrollment Application: 2024 – 2025

OFFICE USE ONLY	Date Received: _____
Reg. Fee: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____
<input type="checkbox"/> NEW	<input type="checkbox"/> Returning <input type="checkbox"/> Sibling <input type="checkbox"/> _____
<input type="checkbox"/> Phys. Form	<input type="checkbox"/> Student Transcript/Grades
<input type="checkbox"/> Vaccines	<input type="checkbox"/> FSA or Testing Evidence
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Interview
<input type="checkbox"/> IEP/504	<input type="checkbox"/> Emergency Contact Form
<input type="checkbox"/> Withdrawal Form	<input type="checkbox"/> Medication Authorization
Scholarship _____	Accepted _____
Payment Plan <input type="checkbox"/>	Scholarship <input type="checkbox"/> Paid in Full <input type="checkbox"/>
Extended Care: <input type="checkbox"/> No / <input type="checkbox"/> Yes: <input type="checkbox"/> AM <input type="checkbox"/> PM	

Grade Entering: _____ **Student ID:** _____ **Student-Athlete**

BCAT will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, gender as determined at birth, national and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.

SCHOOL HOURS - Monday to Friday: 8:00 am – 3:00 pm / Wednesday: 8:00 am – 2:00 pm

Last Name: _____ First Name: _____ Middle: _____
 Gender: Female Male Date of Birth: _____ Age: _____ Ethnicity: _____
 Social Security: _____ Student's Cell: _____
 Address: _____
 City: _____, FL Zip: _____ Phone: _____

This Student lives with the following adults: (El estudiante vive con los siguiente adultos)

Child lives with: Both Parents Mother Father Step-Parent Legal Guardian Other: _____

PARENTS INFORMATION (Información de los Padres)

Parent/Guardian's Name: _____
 Phone: _____ Cell Phone: _____ Work Phone: _____
 Email (please print clearly) _____ Occupation: _____
 Employer: _____ Address: _____

Parent/Guardian's Name: _____
 Phone: _____ Cell Phone: _____ Work Phone: _____
 Email (please print clearly) _____ Occupation: _____
 Employer: _____ Address: _____

For students entering Kindergarten, did your child participate in the VPK program last year? Yes No If Yes, where?

Person Responsible for Tuition: _____ Relationship: _____

PREVIOUS SCHOOL INFORMATION (información de la escuela anterior)

Name of Previous School: _____
 Address of Previous School: _____
 Previous School Phone & Fax: Phone: _____ Fax: _____

RELIGIOUS INFORMATION (Información Cristiana)

Name/Location of church your family attends: _____

Pastor: _____

BEFORE SCHOOL: 7:00 am – 8:00 am / AFTER SCHOOL: 3:00 – 5:00 pm (Registration Required, Private Fee Applies)

For New Students Only: How did you hear about our school? _____

Why do you want your child to come to this school? _____

(Como escucho sobre nosotros y porque desea matricular a su hijo(a) en nuestra escuela?)

PARENTAL CONSENT / CONCENTIMIENTO (must be signed at the bottom of page / firme al final de la página)

EMERGENCY CARE AND PICK-UP PERMISSION / AUTORIZACION Y CUIDADO DE EMERGENCIA

SEE THE EMERGENCY CONTACT LIST. (VEA LA LISTA DE CONTACTOS DE EMERGENCIA)

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me or anyone on the Emergency Contact List, I authorize the school to make whatever arrangements deemed necessary. / En caso de lesión grave solicito que la escuela me contacte, pero si yo no puedo ser contactado o nadie de la Lista de Contactos de Emergencia, yo autorizo a la escuela a hacer cualquier arreglo pertinente que considere necesario para ayudar mi hijo(a).

CHILD ACCESSABILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT / ACCESO AL ESTUDIANTE EN CASO DE DIVORCIO Y RESTRICCIONES

(Note: This is to include information regarding parental and non-spousal relationships (i.e., girlfriend/boyfriend of the child's parents. / Información de los padres divorciados, adoptivos y padrastro o madrastra.)

To prevent unauthorized visit or pickup of my child at BCAT by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the BCAT School office with all official, legal court documents (including, but not limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school office's staff to be kept on file.)

Documentación legal es requerida para evitar que alguien que tuvo alguna relación parental con su hijo(a) NO tenga acceso a su hijo(a). Sin documentación legal, no podemos evitar que un padre, madre, padrastro, madrastra tenga acceso a su hijo(a) o acceso a su expediente o información. Usted tiene que someter documento legal a la oficina antes del 1er día de clases.

CHANGE OF LEGAL NAME OR LASTNAME / CAMBIO DE NOMBRE O APELLIDO

The school staff will acknowledge the student's legal name and gender as stated on the student's birth certificate. If the name or gender was changed by the parents, legal documentation is required along with an updated birth certificate. All student's record will have the student's legal name and gender as stated on the birth certificate. / El personal de la escuela se referirá al estudiante con el nombre legal y sexo escrito en su certificado de nacimiento. Si los padres desean cambiar su nombre, apellido o sexo, estos deben someter documentación legal y un certificado de nacimiento actualizado. Todo expediente del estudiante tendrá el nombre y sexo estipulado en el certificado de nacimiento.

PERMISSION TO TRAVEL / PERMISO PARA TRANSPORTE

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities. / Doy mi permiso a que se transporte a mi hijo a cualquier actividad escolar mediante transportación aprobada por la escuela.

SCHOOL HEALTH SERVICES / SERVICIOS DE SALUD

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse. The activities may include screening for vision and hearing problems and Scoliosis (curvature of the spine) and COVID Test with no charge for these services. / Autorizo a mi hijo(a) a participar de actividades de salud en la escuela auspiciadas por el Departamento de Salud incluyendo pruebas gratuitas de COVID, visión, audición y escoliosis sin ningún costo adicional.

STATEMENT OF NON-DISCRIMINATORY POLICY / POLITICA DE NO DISCRIMINACION

I have been informed that BCAT School admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. / He sido informado que BCAT admite estudiantes a todos los programas sin discriminacion por raza, color, nacionalidad u origen.

BCAT TUITION FINANCIAL AGREEMENT / CONTRATO FINANCIERO DE MATRICULA

"I have read the "BCAT Enrollment Financial Agreement; and I do understand and agree with the policies set forth." / He leído el "Contrato Fianciero de Matricula" de BCAT, estoy de acuerdo y me comprometo a cumplir con sus clausulas.

STATEMENT OF FAITH / DECLARACION DE FE

I have read the "Statement of Faith" and I will abide by them. I want my child to be taught in accordance with BCAT "Statement of Faith" as described by the school policy, I will accept, and respect their beliefs. / He leído la "Declaracion de Fe" de BCAT y me comprometo a respetarla. Quiero que mi hijo(a) sea instruido(a) de acuerdo con la "Declaración de Fe" de BCAT, y aceptare y respetare sus creencias.

STUDENT-ATHLETE ONLY – REQUIRED INFORMATION / ESTUDIANTE ATLETA – INFORMACION REQUERIDA

I understand that if my child is selected to participate at the BCAT Sport Program, I will be responsible to pay my child’s Athletic Fee entirely. I understand that the Scholarship does not cover this fee. I will refer to the BCAT Sport Inc Handbook to abide and comply with additional rules as established by BCAT Sports Inc and NCAA.

Entiendo que, si mi hijo es seleccionado a participar en el programa atlético de BCAT Sport Inc, yo seré responsable por los costos Atléticos en su totalidad. Entiendo que la beca no cubre este costo. Me comprometo a leer el Manual de BCAT Sport Inc, a seguir y cumplir las reglas adicionales establecidas por BCAT Sports Inc. y NCAA.

Name of Previous School: _____

Name of Previous Team: _____

Name of Previous Coach: _____

Positions Played: _____

Parent/Guardian’s Signature Date

Parent/Guardian’s Signature Date

BCAT of Lake Wales reserves the right to admission. / BCAT of Lake Wales se reserva el derecho de admision.