2025-2026

First Baptist Church
Warren Christian School

Student Application for Admission

"Train up a child in the way he should go: and when he is old, he will not depart from it."

FBC Warren Christian 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.

ENTRANCE REQUIREMENTS

Early Childhood

Toddler Class	Must be 18 months old by August 1. Must be walking.
Transition Pre-K 3 Class	Must be 30 months old by August 1 and the child is mostly potty-trained.
Pre-K 3	Must be 3 years old by August 1 and the child is potty-trained.
Pre-K 4	4 years old by August 1

Elementary and Secondary Education

Offering Kindergarten- 8th grade

Kindergarten students must be 5 years old by August 1st.

1st- 8th Grade Requirements
Academic:

- Passing grades in all subjects in an unmodified program for 2 consecutive semesters prior to application.
- Work and study habits, if indicated on report card, indicate positive performance

Behavioral:

- No behavioral issues from previous school (i.e. suspension, expulsion, or placement in an alternative school) for a full 2 semesters prior to application
- Behavior/conduct marks on report card reflect positive achievement
- All new enrolled students will be on a provisional status for the first year. If at any point during the first year behavior becomes an issue to the point that it interrupts the positive environment within the class on a daily basis, the Administration holds the right to remove the newly enrolled student from the school for the remainder of the year. *Please see the handbook for more details.

Spiritual:

- Students and parents must be aware and accept the school's Statement of Faith

STEPS TO REGISTRATION

Step 1	Step 2	Step 3
Turn in the following documents and fees to the office in order to reserve your child's spot for the 2025-2026 school year.	**After all step #1 forms and fees are received by the office, the following will be due prior to Open House.**	**At Open House parents will receive the following documents and those items will be due prior to the 1st day of school.**
Enrollment fee - $225 (Nonrefundable) **Student Application form** **Statement of Faith form**	**Medical History form** **Physicians form** **Immunization records** **Birth Certificate** **Report Cards or Transcripts from Previous School**	**Student/Parent Handbook pages** (signed) **Photo and Social Media Release form** **Discipline and Guidance Policy** **Kindergarten Readiness form** (preschool only) **Extended Day form** (only for preschool students who opt for full day)

STUDENT INFORMATION 2025-2026

FBC Warren Christian School
310 S. Main Street
Warren, AR 71671
(870) 226-5884

Enrollment Fee	Emergency Medical Info	Emergency Contacts
Physicians Form	Immunizations	K Readiness (PreK)
Photo Release	Handbook Page	Discipline Policy

Student Information

Full Legal Name		Grade/ Age Group applying for:
Nickname:	Birthdate:	Social Security #:
Home address: City Zip		Home phone:
Race (circle one): American Indian Asian Black Hispanic White Other:		Gender: Male Female

Church Information

Do you attend church? Yes No	Name of church attending:	How long have you attended there?
Church address:	Church phone #:	
Name of Pastor:	Attendance? How often? (Circle all that apply) Church Sunday School Regularly or Occasionally	

Primary Custodial Parent/Guardian Information

Head of Household (circle one): Mr. Mrs. Ms. Dr. Rev.	Name (first, middle, last):		Preferred name:
Relationship to Student (circle one): Biological Father Biological Mother Adoptive Father Adoptive Mother Grandparent Legal Guardian		Gender:	Birthdate:
Marital status (circle one): Married Remarried Separated Divorced Widowed Single			Highest grade completed:
Name of company employed by:(If stay at home parent, please state that.)	Position:		Work phone #:
Normal Work Hours:(If swing shifts, please state that.)			
Church groups involved with:	E-mail address:		Cell phone #:

Spouse of Primary Custodial Parent/Guardian Information

Name (first, middle, last):	Preferred name:		Birthdate:
Relationship to Student (circle one): Biological Father Biological Mother Adoptive Father Adoptive Mother Grandparent Legal Guardian Step Parent		Gender:	Highest grade completed:
Name of company employed by/own:	Position:		Work phone #:
Normal Work Hours:(If swing shifts, please state that.)			
Church groups involved with:	E-mail address:		Cell phone #

Secondary Custodial Parent Information (provided for parents with joint custody)

(circle one): Mr. Mrs. Ms. Dr. Rev.	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:
Emergency Contact? Yes No		Can pick up from school? Yes No	
Name of company employed by/own:	Hours Worked:	Position:	Work phone #:
Normal Work Hours:(If swing shifts, please state that.)			

Please attach notes on any special custody arrangements or family history that needs to be shared.

Sibling(s) of Applicant

Name	Age	Grade	School Attending

Previous School(s) Attended (Please begin with the most recent.)

School	Address	Phone #	Grade(s)	# of years

Testing, Counseling, and Conduct Record

- Has the Applicant been tested or diagnosed as having a learning difference (i.e. dyslexia, ADD, ADHD etc.)? No____ Yes*____ **If yes, please provide copies of test results. A student may not be interviewed until this information is available and reviewed.*
- Has the Applicant received counseling by a psychologist, psychiatrist, or family counselor? No____ Yes____
- Has the Applicant ever had any on-campus or off-campus suspensions from school? No____ Yes____
- Has the Applicant ever been expelled from school? No____ Yes____
- Has the Applicant ever had an encounter with law enforcement or juvenile authorities? No____ Yes____

Has the Applicant ever been assigned time in an Alternative School? No____ Yes____

Please explain any "Yes" answers to the above questions on a separate sheet of paper.

Statement of Parents(s)/Guardian(s)

In signing this application, I/we understand that:

- Preschool students will take no field trips while in school custody because FBCWCS does not provide transportation.
- The school is authorized to employ such discipline as it deems wise and expedient for my/our child, excluding corporal punishment;
- If I/we do not uphold our end of the partnership (required documentation, financial responsibilities, honest communication, etc.) I may be asked to make other arrangements for my child's education.
- If the school ever feels my child's needs cannot be met through the resources provided at FBCWCS, other arrangements must be made for my child's education.

Father/Guardian Date Mother/Guardian Date

Please note: *The signatures of all custodial parents/guardians are required for completion of this application.*

Emergency Contacts 2025-2026

Student's Name _____

Please list two adults (**other than parent/guardian(s)**) to whom you would assume responsibility for your child in an emergency.

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:
Name of company employed by/own:	Position:		Work phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:
Name of company employed by/own:	Position:		Work phone #:

Please list any adults in addition to parents/custodians and emergency contacts who are allowed to pick your child up from school.

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:			Home phone #:
City:	State:	Zip:	Cell phone #:

I agree to keep FBC Warren Christian School informed of changes in any information that someone may be reached. I understand that these forms are available in the office and through the classroom teacher.

SIGNATURE_____ **DATE** _____

Parent or Legal Guardian

EMERGENCY MEDICAL INFORMATION 2025-2026

Full Legal Name	Nickname

Student's name:_____ (_____)

Birthdate:_____ Gender (circle one): Male Female

PRIMARY CARE PHYSICIAN

Child's Physician Name_____

Physician's Phone Number_____

Physician's Office Address _____

PRIMARY HOSPITAL in an EMERGENCY

BRADLEY COUNTY HOSPITAL
404 S BRADLEY STREET
WARREN, ARKANSAS 71671

870-226-3731

IF ANOTHER HOSPITAL IS AN OPTION PLEASE LIST THE HOSPITAL OF CHOICE IF NOT BCMC

Hospital's Name_____

Hospital's Phone Number_____

Hospital's Address _____

Notes:

MEDICAL HISTORY 2025-2026

(PLEASE PRINT)

Full Legal Name **Nickname**

Student's name:_____(_____)

Birthdate:_____Grade entering_____ Gender (circle one): Male Female

Child's physician:_____Physician phone:_____

Physician's address:_____

Check any of the following conditions your child has or has had and explain in detail below any current or long-term **TREATMENTS/MEDICATIONS /EDUCATIONAL ADJUSTMENTS:** *(If additional space is needed, please attach a separate sheet to this form.)*

___ Blood disorder (anemia, etc.)
___ Emotional problems (depression, anxiety, etc.)
___ Seizure disorder (epilepsy, etc.)
___ Learning difference (ADD, etc.)
___ Ear problem (deafness, mastoiditis, etc.)
___ Liver disorder
___ Kidney stones or disease
___ Tuberculosis
___ Frequent infections
___ Migraines
___ Endocrine disorder (diabetes, hypoglycemia, etc.)
___ Surgeries
___ HIV or AIDS
___ Heart problems
___ Rheumatic fever
___ Vertigo/fainting spells
___ Sinus problem

EXPLANATION:_____

_____

Any limitations/activities your child should not engage in? Please explain:_____

_____

Any social or family situations/problems of which the school should be aware?_____

_____

Long-Term Medications to Be Administered **At School**

****NOTICE: Due to our school not having a registered nurse on staff, there will be NO long term medications administered at school by school staff. If your child is on long-term medication, someone designated by a parent/guardian may come administer daily.****

Long-Term Medications Taken **At Home** (allergy, ADD, anxiety, asthma etc.)

Medication	Medical Condition	Dosage/Frequency

Allergies **(Please specify what the child is allergic to, symptoms, and treatment.)**

Medications:_____

Foods:_____

Other:_____

Respiratory Problems **(Please explain current treatments/medications)**

Asthma:_____ Reactive Airway Disease:_____

Other:_____

Will your child be carrying an inhaler? Yes No

(If Yes, a signed Physician's Request for Self-administration of Medication <u>by Student</u> MUST be on file.)

Will an inhaler be available in the First Aid Station? Yes No

I hereby certify that to the best of my knowledge, the information supplied herein concerning my child's physical and emotional health is accurate and complete, and I agree to keep FBC Warren Christian School apprised of any changes to this information that may occur during the course of this school year. I understand that the school will not be held responsible for anything that may happen as a result of false information given at the time of enrollment.

Should my child suffer an injury or illness while in the care of FBC Warren Christian School, and the staff are unable to contact me immediately, the school personnel shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume the responsibility for payment of services. I understand that the insurance carried by the school is secondary coverage.

I hereby grant permission to the staff to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps include, but are not limited to the following:

- **Attempt to contact a parent/guardian.**
- **Attempt to contact the child's physician.**
- **Attempt to contact you through any of the persons listed on the enrollment packet.**

If we cannot contact you, or your child's physician, we will do any or all of the following:

- **Call another physician.**
- **Call for an ambulance.**
- **Have the child taken to <u>BRADLEY COUNTY MEDICAL CENTER EMERGENCY ROOM</u> in the company of a staff member.**

The school staff agrees to keep me informed of any incidents requiring professional medical attention involving my child.

SIGNATURE_____ **DATE**_____

Parent or Legal Guardian

✹ Please attach a ***complete and validated*** immunization record. ✹

All submitted immunization documents **MUST** show the ***complete*** day, month, and year each immunization was received.

PHYSICIAN'S REPORT **(TO BE COMPLETED BY PHYSICIAN ONLY)**

2025-2026 Physician's name (please print):_____

Student's Name Date of Birth

FBC Warren Christian School has enrolled the student named above for the 2025-2026 school year. Our daily program involves both vigorous indoor and outdoor play that is suitable to the child's age of development. For the safety of the child and for staff to be better prepared prior to the first day of school, we ask that the primary physician answer the following questions and clear the above child to attend school.

In your opinion, is this child physically, emotionally and mentally able to participate in our school program with other children his/her age? _____ If no, please explain.

_____

_____

_____

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school? _____ If yes, please explain below.

_____

_____

_____

Does this child have any allergies that require an EpiPen? _____ If yes, please list known allergies and procedures we should have in place in the event of an allergic reaction.

_____

_____

_____

Does this child have any physical conditions that we should be aware of? _____ If yes, please explain and list any procedures that need to be in place for safety.

_____

_____

_____

Date of most recent examination:_____

_____ _____

Physician's Signature *Date*

Please return to:

FBC Warren Christian School
310 S. Main Street, Warren, AR 71671
Phone: (870) 226-5884

STUDENT SELF-ADMINISTRATION OF MEDICATION

2025-2026

This form must be completed in order for a student to carry an inhaler at FBCWCS.

FBC Warren Christian School is hereby authorized to allow_____to carry a prescribed inhaler on his/her person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the student for which it is prescribed.

Brand name of prescribed inhaler:_____

_____ _____

Physician's Signature *Date*

Physician's name (please print):_____

_____ _____

Signature of Parent or Legal Guardian *Date*

FBC Warren Christian School Statement of Faith

GOD- WE BELIEVE there is one living and true God, the creator of the universe (Ex 15:11; Is. 45:11; Jer. 27:5). He exists as the Holy Trinity that is revealed in the unity of the Godhead as God the Father, God the Son, and God the Holy Spirit, who are equal in every divine perfection (Ex. 15:11; Matt. 28:19; II Cor. 13:14).

SCRIPTURE- WE BELIEVE the Scriptures are God's inerrant revelation, complete in the Old and New Testaments, written by divinely inspired men as they were moved by the Holy Spirit (II Tim. 3:16; II Peter 1:21).

CREATION- WE BELIEVE God created all things for His own pleasure and glory, as revealed in the biblical account of creation (Gen. 1; Rev. 4:11; John 1:2,3; Col.1:16). God created man in His own image (Gen. 1:27). He created man as the crowning work of His creation, God created humankind (male and female) in His own image (Ps. 8; Gen. 1:27; 2:7). Consequently, every person from conception is of inherent dignity and worth and merits the respect of all other persons (Ps. 51:5; Ps. 139:13-16; Gen. 9:6; Matt. 10:28-31; Jam. 3:9).

DEITY OF JESUS CHRIST- WE BELIEVE God the Son is the Savior of the world. Born of the virgin Mary (Matt. 1:18; Luke 1:26-35), He declared His deity among men (John 1:14, 18; Matt. 9:6), died on the cross as the only sacrifice for sin (Phil. 2:6-11), arose bodily from the grave (Luke 24:6,7, 24-26; I Cor. 15:3-6), and ascended back to the Father (Acts 1: 9-11; Mark 16:19). He is at the right hand of the Father, interceding for believers (Rom. 8:34; Heb. 7:25) until He returns to rapture them from the world (Acts 1:11; I Thess. 4:16-18).

SALVATION- WE BELIEVE in the totally depraved and lost condition of man by nature (Jer. 17:9; Rom. 3:23). We believe salvation is the gracious work of God whereby He delivers undeserving sinners from sin and its results (Matt. 1:21; Eph. 2:8,9). We believe all who receive by faith the Lord Jesus Christ as personal Savior are born again of the Holy Spirit and thereby become children of God (John 3:5,6; Rom. 3:21-30; Gal. 4:4-7). Enabled by the Holy Spirit that it is incumbent upon every believer to walk after the spirit and not after the flesh.

RESURRECTION- WE BELIEVE after Jesus returns, all of the dead will be raised bodily, each in his own order: the righteous saved to "the resurrection of life" everlasting and the wicked lost to "the resurrection of eternal damnation" (John 5:24-29; I Cor. 15:20-28).
WE BELIEVE heaven is the eternal home of the redeemed (John 14:1-3) who, in their glorified bodies (I Cor. 15:51-58), will live in the presence of God forever (I Thess. 4:17) in ultimate blessing (Rev. 21, 22). Hell is the place of eternal punishment and suffering (Luke 16:19-31) for the devil, his angels (Matt. 25:41), and the unredeemed (Rev. 20:10-15).

UNITY- WE BELIEVE in the spiritual unity of believers in our Lord Jesus Christ (I Cor. 12: 12-17; Rom. 8:9; Gal. 3:26-28).

This statement is of utmost importance to our school and serves as the foundation of all we do.
We understand and acknowledge the FBC Warren Christian School Statement of Faith.

_____ _____

Signature of Father/Guardian Signature of Mother/Guardian

_____

Name(s) of Student(s) (Please Print)

Administration of Medication by School Personnel

Physician's Request

This form must be completed for a student to take long-term medication to be administered at school.

Student:_____

Medication & Dosage:_____

Condition(s) for which this medication is to be administered:_____

_____

This medication may be administered by the medically untrained designate of administration.

_____ _____

Physician's signature *Date*

Physician's name (please print):_____

_____ _____

Signature of Parent or Legal Guardian *Date*

The above-listed medication must be in a prescription bottle with a label that includes prescription, name of patient, name of medication, dosage, and physician's name.