# 2021-2022 Student Registration Information



#### STUDENT INFORMATION

Last Name	First Name	Middle Name	Preferred Na	ame
Date of Birth	Age on September 1st	Last Grade in School	Gender (M/F)	Ethnicity
Physical Addres	s, City, Zip			
APO Address				
ARENT INFOR	RMATION			
Father/Guardia	n (Last Name, First Name)	Personal Email		
Physical Addres	s (if different from student)	DEROS		
Home Phone	Cell Phone	Highest Education	Completed	
Employer	Job	Unit/Office	Work Phone	)
Supervisor's Nai	me	Supervisor's Phon	e	
Mother/Guardia	ın (Last Name, First Name)	Personal Email		
Physical Addres	s (if different from student)			
Home Phone	Cell Phone	Highest Education	Completed	
Employer	Job	Unit/Office	Work Phone	)
Supervisor's Nai	me	Supervisor's Phon	e	
MERGENCY C	CONTACTS			
1				
Name 2	Relationship	Daytime Phone	Permitted to P	ick Up Studer
Name	Relationship	Daytime Phone	Permitted to P	ick Up Studer

### **Nondiscrimination Statement**

Faith Baptist School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its educational policies, admission policies, scholarship and loan programs, athletic or any other school-administered programs.



# 2021-2022 Medical Information and Authorizations

Student Name	DOB	Known Allergies		
Medical Conditions		List of Medications student ta	kes on a regular basis	
Additional Comments			·	
'Any prescription medications tha	t may need	to be administered at school require a se	parate form from FBS Admin.*	
PAR	ENT AUTH	IORIZATION FOR MEDICAL TREAT	MENT	
	dical, hospita	t be contacted, a representative of Faith E al and dental care treatment, to include m d well-being of my child.		
Printed Name & Relationship		Signature	Date	
Printed Name & Relationship		Signature	Date	
PARENT AUTHO	RIZATION	TO ADMINISTER OVER-THE-COUN	ITER MEDICATION	
Permission is required for OTC m	edications to	gs that do not require a prescription and a be administered at school. <b>Please initia</b> to administer. OTC medications will be	al each medication for which y	
DRAL:		TOPICAL:		
Ibuprofen (i.e. Advil, Mo	trin)	Antibiotic Cream (i.	e. Bacitracin Cream)	
Acetaminophen (i.e. Ty	enol)	Hydrocortisone Cre	Hydrocortisone Cream (i.e. Cortaid)	
Antihistamine (i.e. Bena	idryl)	Benadryl Cream (i.e. Caladryl, Diphenhydramine)		
<b>Antacid</b> (i.e. Tums, Pept	o Bismol)	Oral products conta	aining benzocaine (i.e. Oragel)	
Printed Name & Relationship		Signature	Date	
Printed Name & Relationship		Signature	 Date	

NOTE: THIS AUTHORIZATION SHALL TERMINATE AT THE END OF THE SCHOOL YEAR.



### 2021-2022 Parental Permissions

Please check those you agre	e to, sign and date below.	
school day. A sep	permission for my child to go on accompanied walks in the loca arate permission slip will be issued for organized field trips. If matain day, I will send a note to school.	· ·
<u> </u>	y give permission for my child to be photographed by Faith Bar vities and for my child's photograph to be published in:	otist School staff
□Yes □No	FBS publications (i.e. printed or digital newsletters, yearbook)	
□Yes □No	FBS Website, Sycamore, FBS Facebook page	
□Yes □No	Stars & Stripes / Kaiserslautern American	
Printed Name & Relationship	Signature	Date
Printed Name & Relationship	Signature	 Date

NOTE: THESE PERMISSIONS SHALL TERMINATE AT THE END OF THE SCHOOL YEAR, BUT PHOTOS TAKEN WITH PERMISSION DURING THE SCHOOL YEAR MAY BE RETAINED BY FBS FOR USE AT A LATER DATE.



## 2021-2022 Educational Expense Contract

Faith Baptist School is a self-supporting ministry whose financial obligations and commitments are based on collection of tuition collected as per this contract. Please initial beside each paragraph below and sign below.

the first child, a 10% discour	pay the full contract amount of <b>6000€</b> pent will be given per child to families with de by cash, EBT, or Transferwise. Tuition ay be charged for payments not receive	multiple children enrolled at on is due no later than the 10th
FBS contacting my supervis not be released for any stud will be scheduled to determi	occount becomes past due. Failure to pa or, chain of command, or company. Gra ent whose account is past-due. After tw ne if the student may continue attendin acation days or days that a student is c	ades and/or school records will vo late payments, a conference g classes at FBS. Adjustments in
only. A copy of official PCS	ct is binding for the full school year with orders or a civilian contract, a complete fees is required prior to the release of s	d withdrawal form, and payment
/I/We understand there may	be other optional expenses such as spe	ecial projects or field trips.
Please choos	se ONE payment method and initial b	eside it
/ Payment in full before 1	September	
OR		
/ 10 monthly installments	(September—June)	
Printed Name & Relationship	Signature	Date
Printed Name & Relationship	Signature	 Date

Banking info—Faith Baptist School Bank: DE38 5009 2100 0000 1188 18

**BIC:** GENODE51 BH2

Bank: Spar-und Kreditbank Bad Homburg



## 2021-2022 Before and After Care Contract

Please initial the daily rate for before and after care so this contract can be in effect should you ever need it, and sign below.

<b>Drop in registration for Before-Care:</b> D	rop-off between 6:45-8:15 AM			
/Should my child need to be at school prior to the building opening at 8:15 AM, I/we agree to pay 5€ per day, billed separately at the end of each month.				
Drop in registration for After-Care: Pick	•			
•	e services, I/we agree to pay 10€ per	day, billed separately at the end		
of each month.				
Monthly registration for Before-Care:	Prop-off between 6:45-8:15 AM			
/ Please enroll our child	in the monthly before-care program.	I/we agree to pay 80€ per		
month, billed at the beginning of e	ach month and due by the 10 <sup>th</sup> of said	I month.		
Monthly registration for After-Care: Pic	k-up between 3:15-5:30 PM			
/ Please enroll our child	in the monthly after-care program. I/v	we agree to pay 150€ per		
	ach month and due by the 10 <sup>th</sup> of said	•		
	·			
Printed Name & Relationship	Signature	Date		
Printed Name & Relationship	Signature	Date		

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### **Parent, Student, Employee Commitments**

As the **parent** of a Faith Baptist School student, I commit to

- be supportive of the students, teachers and administration through prayer.
- attend parent conferences as requested.
- maintain good communication with teachers and administration.
- pay all financial obligations on or before the due date.
- seek resolution to problems should they arise rather than spread criticism and harbor a negative attitude.

Printed Name(s)	Parent Signature(s)	Date
<ul> <li>give my best effort in a</li> </ul>	ect and kindness. and regulations of the school.	
Printed Name	Student Signature	 Date

The employees of Faith Baptist School commit to

- pray for FBS students daily.
- seek to show Jesus in all interactions.
- prepare quality lessons to ensure learning of educational and spiritual concepts.
- communicate with parents often.
- seek resolution to problems should they arise rather than spread criticism and harbor a negative attitude.

Faith Baptist School