**** Breath of Life Preparatory Academy**

Elementary Enrollment Application

***The enrollment and registration fees must accompany this application***

Applicant Information:

Eagle’s First Name:       Middle Name:       Last Name:       Birthdate:       SS#:

Child’s Primary Language:       Parent/Guardian’s Primary Language:

Street Address:       City:       State:       Zip Code:

Current School (if applicable

Physical limitation(s):       Daily Medication:       Allergies:

I give BOLPA permission to administer first aid to my child:

Applicant’s hobbies, special interests, and activities:

Has the applicant ever experienced **academic** or **disciplinary** problems resulting in the repetition of a grade or dismissal from school?  If yes, please explain in detail.

**How were you referred to BOLPA?**

Parent/Guardian Information:

Parent 1 Full Name       Parent 2 Full Name

Parent 1 Relationship to Child  Parent 1 Relationship to Child

SSN#:       SSN#:

Home Phone:       Cell Phone:       Home Phone:       Cell Phone:

Employer       Employer

Business Address       Business Address

Business Phone #       Business Phone #

Church Affiliation       Church Affiliation

Parent 1 Marital Status  Parent 2 Marital Status

Parent 1 Driver License/State Identification #:

Parent 1 Street Address:       City:       State:       Zip Code:

Parent 2 Street Address:       City:       State:       Zip Code:

***Please notify BOLPA in the event of any changes.***

**EMERGENCY CONTACT AND RELEASE PERSONS**

Please notify BOLPA if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #2:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #3:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #4:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

[ ]  The person (s) designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state childcare licensing regulations.

BOLPA staff will release your child only to you or those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into BOLPA because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.

[ ]  I Understand that typing my name below constitutes an electronic signature

**Child’s Name:** **Date:**

**Parent’s Name:** **Date:**

**Enrollment Contract:**

 ***Scholar’s Name:***

Breath of Life Preparatory Academy agrees to enroll the eaglet named above for the current academic year, and to provide the educational program prescribed at the appropriate grade level.

In consideration of the acceptance of the Enrollment Contract by BOLPA, I agree to pay the required tuition, and all other miscellaneous fees that I incur due to my child’s enrollment at BOLPA. A $25.00 fee will be assessed for processing notes with insufficient funds.

The scholar named above is: \_\_\_\_Child 1 \_\_\_\_Child 2 \_\_\_\_Child 3 \_\_\_\_Child 4+

Tuition for this enrollee is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Note: When listing the tuition rate and selecting your tuition payment plan, please list the BOLPA tuition rate, disregarding any scholarship funding you may receive.***

If all or part of my funding source is derived from a scholarship and that scholarship source is depleted, I having signed this contract am responsible for the total tuition payment for the above-named scholar.

Choose One Tuition Option:

[ ]  Payment in full which is due no later than August 1.

[ ]  Monthly payment in 10 equal installments, due on the first day of each month from **August** through **May**.

[ ]  Monthly payment in 11 equal installments, due on the first day of each month from **July** through **May**.

**A $25.00 fee will be assessed to accounts that are not current by the end of the business day (4:00 p.m.), Monday through Friday when school is in session on the 15th of each month. Failure to pay fees as agreed may result in the expulsion of my scholar BOLPA.**

***Please initial to indicate agreement and understanding***

      Other fees will be imposed if my eagle participates in the school lunch program, long distance field trips, and other extracurricular activities. I will receive notification of costs that are payable before my scholar participates. I am responsible for the timely payment of such fees as they arise and are requested.

      I understand that my obligation to pay tuition and other fees for the full academic year is unconditional and that upon the day which BOLPA has been in session 15 days or on the 15th day that my eaglet has been enrolled at BOLPA, no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal, or dismissal from BOLPA. Also, no portion of fees will be returned or cancelled if my scholar is not able to attend or participate in activities.

      Payments more than 30 days past due may result in my child’s removal from class until my account has been made current. All accounts must be in good financial standing by the end of April. No balances can remain after the close of the current academic year.

      BOLPA will employ the Word of God in its teachings and principles provide a safe environment and use reasonable, sound judgment in overseeing my scholar while entrusted to its care. Nonetheless, I understand that accidents occur. BOLPA is not responsible for lost or damaged items that children may bring to the property. I, therefore, hold harmless BOLPA, its agents and employees from all claims, damages, or other liabilities for lost or damaged property that my scholar may bring to school and for injuries to my child which are not the result of gross negligence by BOLPA, its agents and employees. By the same token, BOLPA realizes that scholars will accidentally damage property. Notwithstanding, if my scholar willfully and/or wantonly defaces property, I agree to pay BOLPA to restore such property.

      BOLPA/BOLCC considers its relationship with families of BOLPA eagles to be one of mutual respect and kinship. Therefore, BOLPA requests that parents exhaust all internal means (BOLPA and BOLCC administration) to settle disputes before seeking external resolution.

      **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify BOLPA and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

      **MODEL RELEASE:** The company, its agents, affiliates, and licensees, [ ]  may [ ]  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

      **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in BOLPA or staff.

      **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local depart­ment of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in BOLPA, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by BOLPA.

       Typing my name below affirms that I have read, I understand, and I accept the terms and conditions of this Enrollment Contract and the rules and regulations of BOLPA as outlined in the Parent Eaglet Catalog and its addendum. I agree that if my child is accepted to BOLPA, he/she will be subject to the rules and regulations as outlined in the Parent Scholar Catalog and its addendum. Furthermore, I am the financially responsible party entering into this agreement with BOLPA on the behalf of the above-named eaglet. However, tuition discounts only apply to parents or legal guardians of the above-named scholar.

Parent/Responsible Party       Date

Parent/Responsible Party       Date

# GENERAL CONDITION OF HEALTH

# (*Please check or explain any of the below noted recently.*)

Allergies [ ]  Frequent boils, styes, infections [ ]  Nose Bleeds [ ]

Crippling condition [ ]  Frequent urination [ ]  Persistent cough [ ]

Dental defects [ ]  Poor vision [ ]  Diarrhea [ ]

Parasites (worms) [ ]  Leg Pains [ ]  Dizziness [ ]

Headaches [ ]  Speech difficulty [ ]  Earaches [ ]

Hearing difficulties [ ]  Shortness of breath [ ]  Fainting spells [ ]

Hernia [ ]  Other

How many colds has the scholar had in the last 12 months?

**PERSONAL RECORD**

**(*Please answer all of the following*)**

Does the eagle have any disabilities or deformities?

Is scholar shy?  Overactive? Bites Nails?

Does he/she suck thumb? Have excessive fears? Have temper tantrums?

When is his/her regular bedtime? Rising time?

**MEDICAL DISPENSATION APPROVAL**

I give BOLPA staff permission to dispense any prescription/non-prescription medication that my eaglet may be required to take during school hours. I certify that any medication that is sent to school to be given to my child will be in its original packaging or container. I agree to complete a medical dispensation form anytime medication is given during school hours more than one day. I also assume the risk of allowing BOLPA to dispense the medication and therefore hold harmless BOLPA, its agents and employees for any restrictions my child may have due to the dispensation of prescription/non-prescription medication.

Furthermore, my signature below affirms that I understand that pupils who show symptoms of communicable diseases are to be excluded from BOLPA until re-admission is acceptable to school authority. I will cooperate by keeping my child home during such times and informing the school of such. I will also submit all proper documentation from the physician.

 NOTE: BOLPA reserves the right not to dispense certain types of medication.

[ ]  I Understand that typing my name below constitutes an electronic signature

Parent/ Guardian Name:       Date:

CORPORAL PUNISHMENT

In the interest of correcting my child’s behavior, I give BOLPA permission to administer corporal punishment for my child’s disobedient behavior and disrespect for those in authority. I understand that I am not required to sign this form and may be contacted to administer discipline or to pick up my child immediately if my child is sent to the office for misconduct.

*Scholar’s Name:*

[ ]  I Understand that typing my name below constitutes an electronic signature

Parent/ Guardian Name:       Date:

 Fill only if you want your child to receive corporal punishment at school, otherwise leave the space blank.

**\* .Please check the boxes below to indicate agreement and understanding.**

**[ ]  I am aware that the BOLPA Parent Handbook is online (bolpp.org/documents), and I am in agreement with all of the information stated inside the handbook.**

**[ ]  I have read and understand all information in this document, and I have answered each field with honesty.**

**[ ]  I Understand that typing my name below constitutes an electronic signature**

**Parent/Guardian Full Name:** **Date:**