



# Registration Form

Welcome to BCA. We trust that you and your children will experience blessings as you participate and engage in the programs throughout your years at BCA. Please fill out all the relevant information. Thank you. We only collect what is necessary to ensure the safety and security of all BCA students.

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## Student Information

### Student #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB(D/M/Y): \_\_\_\_\_ Health Card #: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Learning concerns, if any: \_\_\_\_\_

### Student #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB(D/M/Y): \_\_\_\_\_ Health Card #: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Learning concerns, if any: \_\_\_\_\_

## School Transfer Information (if applicable):

### Student 1:

Name of school: \_\_\_\_\_

Name of school principal: \_\_\_\_\_

### Student 2:

Name of school: \_\_\_\_\_

Name of school principal: \_\_\_\_\_



## Parent Information

### Mother's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of your Church: \_\_\_\_\_

### Father's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of your Church: \_\_\_\_\_

## Emergency Contacts:

**Contact #1: Full name:** \_\_\_\_\_  
Relationship to family/student: \_\_\_\_\_  
Mobile #: \_\_\_\_\_

**Contact #2 (other than parent): Full name:** \_\_\_\_\_  
Relationship to family/student: \_\_\_\_\_  
Mobile #: \_\_\_\_\_

## Grandparent Contact Information (Optional)

Occasionally, we invite grandparents to special events at BCA, such as Grandparents' Day. If you would like the school to send this information on your behalf, please complete below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_

# Signature Page

Please read through this page, mark your preferences as appropriate, and sign at the bottom.

1. I have read the school policies as detailed in the Parent's Handbook. It is our understanding that these policies may be adjusted from time to time. I agree to abide and support each of the stated policies.
2. I have read Burlington Christian Academy's Statement of Faith and consent to my child(ren) being taught using materials based on these statements.
3. I understand that in the case of an illness or emergency, every attempt will be made to first contact the parents and/or the listed emergency contacts. If no one can be reached and the responsible school personnel determine that immediate medical attention is warranted, I give permission to arrange for my child to be transported to a hospital via Emergency Services personnel.
4. I understand that in the case that our financial account falls in arrears for more than 32 calendar days that Burlington Christian Academy has the right to suspend my children from school until Burlington Christian Academy has received the funds that pay our account debts in full.
5.  Yes  No — I agree that our home address, email address, and mobile phone numbers will be published in the BCA Family Directory.
6.  Yes  No — I understand that our child(ren) will be assigned a school login, password, and/or email account and that they will be held accountable for using these in a manner that is respectful of self and others and becoming of a BCA student.
7.  Yes  No — I give permission to BCA to use photos of my child(ren) for promotional purposes. This may include social media posts and pages, newspapers, websites, videos, and consumer displays. The student's full name will not appear with their photo.
8.  Yes  No — I give BCA permission to use photos of my child(ren) for internal products such as the weekly Principal's Corner, the BCA Newsletter, and internal slideshows. The student's full name will not appear with their photo.
9.  Yes  No — I give permission for my child(ren) to participate in all class trips and all school trips organized and supervised by BCA staff. I may opt out of a specific trip by informing staff that my child will not be participating in that specific trip.
10.  Yes  No — I agree that BCA is authorized to adjust the monthly payment as authorized by the PAD form provided the change is consistent with the required fees for the services requested for that school year and that the change has been communicated to me prior to any increased withdrawal.

\_\_\_\_\_  
Mother's/Guardian's Signature      Date

\_\_\_\_\_  
Father's/Guardian's Signature      Date