

Brookfield Christian School

Admission Form

Office Use:
Registration:
Education:
Deposit/Tuition:
Check #
Date:

Birth Date: _____ Sex: _____ Today's Date: _____

Child's Name: _____ Home Phone: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State, Zip)

Estimated--
Arrival Time: _____ Pick-up Time: _____ Days Attending (circle): M T W R F

Mr./ Dr. (circle one)
Father/Guardian: _____
Employer: _____
Employer's Address: _____

Ms. /Mrs. /Dr. (circle one)
Mother/Guardian: _____
Employer: _____
Employer's Address: _____

Work Phone: _____
Mobile Phone: _____
e-mail: _____

Work Phone: _____
Mobile Phone: _____
e-mail: _____

Circle Class Entering*:
Infant Toddler Two Three PreK (Four) K

OR

Before/After School Program _____
(school attending)

Does your child have any special needs or allergies? ___Yes or ___No

Does your child have an Individual Family Service Plan/Individual Education Plan? ___Yes or ___No

If yes, will you provide us with a copy? ___Yes or ___No

****Determined by age on 9/1***

I/We understand that my/our child cannot attend until the policy agreement has been signed and all required documents have been submitted. I/We understand that Brookfield Christian School has the right to modify policies and Tuition/Fee schedule from time to time as needed. I/We will receive written advance notification of change in polices and Tuition/Fee schedule. I/We will be responsible for a tuition payment of \$_____.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

****All applicable Registration Fees, Education Fees and Security Deposit must accompany this form for student registration and are nonrefundable.**

Rates are subject to change without notice.

Child's intended start date: