



## Elementary Registration Application

### Office Use Only

Registration Form received: \_\_\_/\_\_\_/\_\_\_  
Registration Fee paid: \_\_\_ Cash \_\_\_ Check

Medical Form: \_\_\_/\_\_\_/\_\_\_  
Immunization Form: \_\_\_/\_\_\_/\_\_\_

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**Return this completed and signed Registration Application, and non-refundable registration fee to the church office of Salem Baptist Church, 430 Rockford Road or mail to Salem Baptist Church, P.O. Box 462, Dobson, North Carolina 27017.**

### Student Information

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name child prefers to be called: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### Please provide a list below of any previous schools your child attended (other than SCA):

Name and address of school: \_\_\_\_\_

### Class Information

Salem Christian Academy hours are 8:00 AM – 2:45 PM.

Upon acceptance, parents will receive notice pertaining to class assignment and other school information.

**Registration Fee:** The non-refundable registration fee must be submitted with this registration application, and may be paid by check or cash. Please make checks payable to Salem Christian Academy and write your child's name on the memo line. In the event the class applied for is full, or if there are not enough children to fill a class, the registration fee will be returned to you.

**Early Registration:** Parents will receive a discount for early bird registration depending on the month of registration. The registration fee is as follows:

- January 1 through February 29 - \$25
- March 1 through April 30 - \$50
- May 1 through June 30 - \$75
- After June 30 - \$200

**Tuition and Fees:** Tuition per month is based on the cost for one school year (\$2,750), divided into 10 monthly payments, August through May, or 12 monthly payments, June through May. Additional fees and discounts are listed on the Admission and Financial Policies form.

**Family Information**

Parental Status:  Single  Married  Separated  Divorced  
[If parents are separated or divorced, a copy of the current custody documents must be included.]

Child lives with:  Both Parents  Only Mother  Only Father Other: \_\_\_\_\_

Full name of Father/Guardian: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can you receive text messages?  Yes  No

Place of work: \_\_\_\_\_ Email: \_\_\_\_\_

Full name of Mother/Guardian: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can you receive text messages?  Yes  No

Place of work: \_\_\_\_\_ Email: \_\_\_\_\_

Other children in family:

Number of brothers: \_\_\_\_\_ Names and ages: \_\_\_\_\_

Number of sisters: \_\_\_\_\_ Names and ages: \_\_\_\_\_

The person who is the primary contact for this child is \_\_\_\_\_

**Media Permission**

I give permission for Salem Christian Academy to use photographs, slides, videos, or illustrations of my child in printed material, broadcast and print advertising, for promotional videos, and on the Salem Baptist Church website or Facebook page.  Yes  No

**Religious Information**

Father/Guardian: Church you are attending \_\_\_\_\_ Member?  Yes  No

Address of Church: \_\_\_\_\_

Do you attend church  regularly  occasionally  rarely

Have you received Jesus Christ as your personal Savior?  Yes  No

Mother/Guardian: Church you are attending \_\_\_\_\_ Member?  Yes  No

Address of Church: \_\_\_\_\_

Do you attend church  regularly  occasionally  rarely

Have you received Jesus Christ as your personal Savior?  Yes  No

**Pick-Up Information**

I authorize the following person(s) to pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**[PLEASE NOTE: There is a separate Child's Medical Form which is to be filled out by your child's doctor and submitted with a copy of your child's Immunization Record by the first day of school.]**

**Health Information**

Health Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Does your child have any known health problems? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Does child have any special fears, likes or dislikes? \_\_\_\_\_

Does your child have any allergies? \_\_\_Yes \_\_\_No

List all allergies and child's reactions: \_\_\_\_\_

\_\_\_\_\_

Does he/she require an epipen? \_\_\_Yes \_\_\_No

Does your child take any medication(s) on a regular basis? \_\_\_Yes \_\_\_No

If yes, please list the medication(s) and the medical condition for which it is taken: \_\_\_\_\_

\_\_\_\_\_

Does your child have evidence of hearing loss, vision difficulties, speech delays, or developmental delays?

\_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child received counseling, speech, or occupational therapy, or any other specialized services?

\_\_\_Yes \_\_\_No If yes, please list: \_\_\_\_\_

Check any of the following illnesses or developmental problems your child has had:

- |                                            |                                               |                                               |
|--------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Attention/Learning   | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Skin problems     | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Urinary/Bladder      |                                               |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Bowel problems       |                                               |

Please comment on any other medical information or special need we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Emergency Information**

Local Person(s) to contact in case of Emergency (after attempting to reach both parents/guardian):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

My medical facility of choice is: \_\_\_\_\_

**Authorization for Emergency Medical Care**

Child's Name (print): \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name of Father/Guardian (print): \_\_\_\_\_

Name of Mother/Guardian (print): \_\_\_\_\_

✓ I authorize that the above person(s) may be contacted in case of emergency.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

✓ It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. I give permission for Salem Christian Academy to make whatever emergency measures (i.e. first aid, 911, hospitalization, disaster, evacuation) are deemed necessary for the protection and care of my child while under the supervision of the school, at my expense. I understand that the Salem Baptist Church/Salem Christian Academy insurance policy is secondary to the policy I have on my child.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

✓ I agree that Salem Christian Academy may authorize the physician of their choice to provide emergency care in the event that neither a parent/guardian, nor the family physician, can be contacted immediately.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**[Please Note:** Both parents must sign these medical releases and the Parent Agreement. In case of divorce, the parent with primary custody must sign; in joint custody, both parents must sign.]

**PARENT AGREEMENT**  
**(Please Read Carefully and Initial Each Line)**

\_\_\_\_\_ I acknowledge that the foregoing information is true and accurate.

\_\_\_\_\_ I understand that the registration fee is non-refundable, except in the event the class applied for is full, or if there are not enough children to fill a class.

\_\_\_\_\_ I have read and agree to abide by the Salem Christian Academy Admission and Financial Policies. I agree to pay the tuition and applicable fees by the scheduled payment due date. I understand that a \$10.00 late fee will be charged for past due accounts. Payments are considered late after the 5<sup>th</sup> school day past the payment due date indicated in the Tuition Payment Schedule. I understand that if my account is not current at the end of 30 days, my child may be dismissed by Salem Christian Academy.

\_\_\_\_\_ I understand that I may make payments with cash or by check, or online with a credit card. I agree to pay \$25.00 for a returned check and Salem Christian Academy will then have the option to refuse any check.

\_\_\_\_\_ I understand that the submission of this registration form and payment of registration fee reserves a child's place, but does not guarantee acceptance. Please be aware that Salem Christian Academy may not be able to accept students with certain disabilities/limitations. Accommodations needed for individual students must not be such that they limit other students from receiving adequate time and attention.

\_\_\_\_\_ I understand that if my child is accepted as a student, he/she will be given instruction in accordance with and not contrary to the doctrines and practices of Salem Baptist Church.

\_\_\_\_\_ I release Salem Christian Academy, Salem Baptist Church, its administration, and any of its employees from any liability to my child or myself as a result of personal injury or property damage occurring while the above child is in the care of Salem Christian Academy at school or during a school activity.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

**Believing whole-heartedly that all people are created equally by God and have been made in His image, Salem Christian Academy welcomes students of all races, colors, and national or ethnic backgrounds to all the rights, privileges, programs, and activities made available to students at Salem Christian Academy.**