



BELLEVILLE CHRISTIAN SCHOOL  
1901 Mascoutah Ave  
Belleville, IL 62220  
Phone (office): 618-416-0335 or 618-416-1957  
Email: Bcssschoolbelleville@gmail.com

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### Student Information

Student's Full Name: (First) \_\_\_\_\_ (M.) \_\_\_\_\_

(Last) \_\_\_\_\_

Age \_\_\_\_ Applying for Grade \_\_\_\_\_ To Enter Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name: \_\_\_\_ Sex: \_\_\_\_ Ethnicity: \_\_\_\_\_

(Gender & ethnicity for statistical reporting purposes only)

Child's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### Emergency Call Information: First Call? Father or Mother (Circle one)

**Father's Name:** \_\_\_\_\_

List phone numbers by contact priority Circle one

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Email \_\_\_\_\_ @ \_\_\_\_\_

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

(If different from Student's)

City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

List phone numbers by contact priority Circle one

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Phone (\_\_\_\_) \_\_\_\_\_ (Hm, Wrk, Cell)

Email \_\_\_\_\_ @ \_\_\_\_\_

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

(If different from Student's)

City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Contact: (Other friend or relative who can be contacted in case of emergency.)

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Name	Phone #	Relationship
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**Church Presently Attending:** (Name) \_\_\_\_\_

(address) \_\_\_\_\_  
\_\_\_\_\_

(Phone Number) \_\_\_\_\_

Pastor: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

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**Doctor and Medical Information**

Allergies:

\_\_\_\_\_

Food allergies: \_\_\_\_\_

Special Health Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ - Phone # \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ - Policy # \_\_\_\_\_

I give permission to Belleville Christian school to assist my child in emergencies using the following:

	Yes	No
Call Physician for emergencies	_____	_____
Call a local ambulance service	_____	_____

List two people we can contact in a medical emergency, if parents cannot be reached:

1. Name _____	Relationship _____
Contact Phone #1 _____	Phone #2 _____
2. Name _____	Relationship _____
Contact Phone #1 _____	Phone #2 _____

The undersigned understands and acknowledges that Belleville Christian school does not have a medical staff or a nurse available on its staff. The School is not permitted to administer any internal medication without a signed parent permission slip and accompanied by a Doctor's written prescription. Forms are available in the office.

In case of an accident or serious illness, the parent will be contacted immediately. If a parent cannot be reached, the school has permission to do whatever is needed to provide care and treatment for my child, to include transporting my child to the nearest emergency room or calling an emergency paramedic ambulance service.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Dismissal Authorization Form

I give my permission for the person(s) listed below to pick up my child. Please note: Your child will not be allowed to leave the school with anyone, but parents and the persons listed below.

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone#) \_\_\_\_\_

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone#) \_\_\_\_\_

If there is anyone your child is NOT allowed to leave with, please list them below and inform your child's teacher.

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone#) \_\_\_\_\_

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## Field Trips and/or Bus Riders

I \_\_\_\_\_ of \_\_\_\_\_ in \_\_\_\_\_ grade at  
(Parent/Guardian) (Student)

Belleville Christian School agrees the following:

1. The student named above has my permission to participate in all educational field trips during the \_\_\_\_\_ school year, as approved by the principal. I understand that I will be notified via email in advance of the dates and locations of these field trips.
2. I give permission for my child to travel by the means of school transportation or I will provide transportation.
3. I agree to release Belleville Christian School and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities or while riding to and from the school.
4. I authorize an adult representative of Belleville Christian School to consent to any and all medical and hospital care treatment as deemed necessary for the health and well-being of my child by a duly licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

## EMERGENCY INFORMATION/PROCEDURE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M/F

Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father: (Cell Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

Mother: (Cell Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

Other important phone #'s \_\_\_\_\_

Name of local person to contact if parents cannot be reached.

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Name	Home #	Cell #
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I agree not to hold Belleville Christian School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or arising out of or relating to any activities conducted or sponsored by Belleville Christian School. I state that the information on this form is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY AGREEMENT FORM

I/We understand that to register my/our child in Belleville Christian School, I/we must be in agreement with and sign the following:

1. I/We agree to help the teacher by getting my/our child(ren) to school on time and picking up my/our child(ren) by 3:15 PM.
2. I/We understand that written notes must be sent to the teacher when a child is absent or tardy to determine whether an absence or tardiness can legitimately be excused. (The laws of the Illinois State Department of Education require us to keep accurate records of each student's attendance in school.) If a note is not sent the absence or tardiness will automatically be recorded as unexcused.
3. I/We understand that homework is assigned on a regular basis. I/We agree to check and see that the homework is done and to initial the assignment sheet each day indicating that we have reviewed the work assigned. I/We also understand that a folder or notebook containing the assignment sheet must be taken to school each day.
4. I/We understand that we are responsible for the proper care of all books and equipment belonging to the school and agree to pay for lost or damaged items. I/We also agree to pay for consumable workbooks that our child will use during the school year.
5. I/We understand that I/we are responsible for the classroom supplies that the children need (pencils, scissors, etc).
6. I/We agree to write on each money order or check the purpose for which the payment is intended. I/We understand that the school prefers not to deal in cash for tuition payments.
7. I/We understand that a \$10.00 late charge is assessed when payment of tuition is received by the school after the tenth day of the month (when it is originally due) and that my/our children may be subject to suspension if payment is not received by the 25th day of the month. I/We also understand that my/our children's records and grades may be withheld as a result of nonpayment of tuition. I/We understand that tuition is divided into ten equal payments (even though the school year runs for only 9 months).
8. I/We agree to pay a \$15.00 penalty for any returned check. I/We agree to contact the school when a check has been returned in order to inform the school as to whether or not there are sufficient funds to resubmit the check. (Normally if we deposit a NSF check a second time, a second \$10.00 penalty could apply if you have not informed us of a continuing problem.)
9. I agree to notify Belleville Christian School of any changes of address, phone numbers, emergency contacts, or health issues as soon as they occur.
10. I/We agree that, if for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his/her needs but will withdraw quietly and without delay.

I/We understand that Belleville Christian School can provide the quality education that it promises only if each family understands and accepts their individual responsibilities.

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_