



CALVARY BAPTIST CHURCH SCHOOL

1821 Rhem Avenue
New Bern, NC 28560
252/633-5410



FAMILY INFORMATION

Father's Name Cell Phone

Address City State Zip

Employment Position Business Phone

Mother's Name Cell Phone

Address City State Zip

Employment Position Business Phone

Does child live with both parents: _____ if not indicate with whom: _____

Other children in this family:

Names: _____ School _____ Age _____

Names: _____ School _____ Age _____

Names: _____ School _____ Age _____

Names: _____ School _____ Age _____

Grandparent's Name Phone

Address City State Zip

Grandparent's Name Phone

Address City State Zip



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CHURCH AFFILIATION

Church Attending

Pastor

Address

City

State

Zip

Father: Christian? Yes_____ No_____ If yes, briefly state your salvation experience:

Mother: Christian? Yes_____ No_____ If yes, briefly state your salvation experience:



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MEDICAL INFORMATION

Family Physician

Phone

Address

City

State

Zip

Family Dentist

Phone

Address

City

State

Zip

Does child have any physical challenges or allergies? _____

Does Child have State required immunizations and can you provide the school with records to verify this (only Kindergarten or out of state applicants)? _____



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SCHOLASTIC INFORMATION

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

_____ If yes, Explain: _____

Has child ever had any disciplinary difficulties? _____ If yes, detail: _____

Has child ever been in trouble with the law, arrested, etc.? _____ Explain: _____

Has child ever used tobacco or drugs of any kind? _____ Explain: _____

Please indicate academic level of pupil's previous work:

Excellent ___ Good ___ Average ___ Poor ___

(Please enclose the applicant's last report card or copy)

Has the child ever been moved ahead or held back a grade in school? _____ Explain: _____



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GENERAL INFORMATION

How did you hear about this school?

Reason for selecting Calvary Baptist Church School?



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MEDICAL CONDITIONS OF WHICH TO BE AWARE:

TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

PARENT/GUARDIAN SIGNATURE

DATE



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MEDICAL FORM

Name of Child: _____
(Last Name) (First Name) (Middle Name)

Sex _____ Birth date _____

I. _____ Emergency Information (to be completed by parent/guardian)

Child's Address _____

Parent/Guardian _____

Phone Number _____ Emergency Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

II. Immunizations (to be completed by physician/Health Department)

Type of Immunization	# of Doses Received	Date	Minimum by Law
DPT	0 1 2 3 4+	_____	5
Polio	0 1 2 3 4+	_____	4
Measles	0 1 2	_____	2
Mumps/Rubella	0 1	_____	1
HIB	0 1	_____	1
Hep B	0 1 2 3	_____	3
Varicella	0 1 2	_____	2

III. Child's Physical Examination Results (to be completed by physician-check if normal)

A. Height _____ Weight _____ Gen. Nutrition _____ Ears _____

Posture _____ Orthopedic _____ Skin & Scalp _____ Glands _____ Heart _____

Teeth _____ Permanent _____ Throat & Tonsils _____ Hernia _____ Nasal _____

Eyes & Conjunctives _____ Laboratory tests _____

B. Please state any other physical findings which would be significant in relation to the child's school work.

Signature of Physician

Date



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Student Name _____ Grade _____
(Last Name) (First) (Middle)

INDIVIDUAL STUDENT RECORD

_____ My child MAY take Tylenol during the day for sickness

_____ My child May take ibuprofen during the day for sickness

_____ My child MAY NOT take medicine during the day

_____ Topical benedryl may be applied as needed for insect bites

*No medicine will be given before 10:00 am or after 2:30 pm

Parent's Signature _____ Date _____ Email Address _____

Parent or Guardian's Name _____

Student's mailing address _____

Home Phone _____ Parent's work phone _____

Emergency Number/Who _____

Any Allergies? _____

Any special medical conditions the teacher should know about? _____

Name any medication that your child is currently on _____

Driving student's phone number _____

It is the parent's responsibility to keep the school informed of any changes to this medication list.



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PHOTOGRAPHY CONSENT AND RELEASE FORM

I, (print name) _____, parent or official guardian of

_____ hereby grant permission to Calvary Baptist Church School of New Bern, North Carolina, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Calvary Baptist Church School.

(Date)

(Signature of parent or guardian)

(Address)

(City, State, Zip)





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FINANCIAL RESPONSIBILITY FORM

I, _____ agree to be the person responsible for payment of tuition to Calvary Baptist Church School.

I realize that if my payment becomes 30 days delinquent, I will receive a letter reminding me of my payment. If I am 60 days delinquent on my payment, my child will not be allowed to return to school until my account has been settled.

I will adhere to this statement and am signing with no reservation to this fact.

Parent's Signature

Date



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Student's Name _____ Grade in school _____

STATEMENT OF COOPERATION

It is my understanding that my child's attendance at Calvary Baptist Church School is a privilege and not a right; therefore the school reserves the right to terminate, at its discretion, my child's enrollment. The policy for the school is to make no refunds on registration fees.

I agree to be the person responsible for payment of tuition to Calvary Baptist Church School. I realize that if my payment becomes 30 days delinquent, I will receive a letter reminding me of my payment. If I am 60 days delinquent on my payment, my child will not be allowed to return to school until my account has been settled.

I give Calvary Baptist Church School permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from school premises. Moreover, I absolve Calvary Baptist Church School of any liability to me or my child because of any injury at school or during any school activity. I also give any adult sponsor permission to obtain emergency medical help, and make any medical decisions for my child if I cannot be reached.

I agree to hold the school and its agents harmless for any liabilities to my child or any guardian or parent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Calvary Baptist Church School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Calvary Baptist Church School or its agent should incur to defend itself against such action.

I have read and understand the CBCS school handbook. While my student is attending CBCS, I agree to the rules and regulations set forth.

Signature of Father

Date

Signature of Mother

Date



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RE: RELEASE OF SCHOOL RECORDS

DATE: _____

TO: _____

The following student has enrolled in Calvary Baptist Church School. We would appreciate your sending the student's cumulative records, test data, health records, birth certificate, and any other information that you may have that would help us to place this student. Your prompt reply and attention will be greatly appreciated. If you are unable to send this information at this time, please telephone us with the reason for the delay.

NAME OF STUDENT

BIRTHDATE

GRADE

I hereby give my permission to release the above child's permanent school records to Calvary Baptist Church School.

Parent's Signature

Date