



REGISTRATION CHECKLIST 2023-2024

Station #1

CHECK IN

*Receive forms packet

*If you printed the registration packet at home, make sure you have the following forms, and that they are filled out completely (Student Application, Child's Personal Data Sheet, Child's Data Supplement, Consent to Treatment, Supplemental Consent Form, Internet Use Policy, Financial Registration, Fundamental Beliefs, Cooperative Acknowledgement). Please note that some forms are two-sided.

*We will need a copy of all new students' Birth Certificate to verify D.O.B.

*Reminder that we must have a current immunization record from your pediatrician.

Station #2

MEET THE TEACHER

PreK3 _____ Mrs. Villegas PreK4 _____ Mrs. Short Kindergarten _____ Ms. Ennes

Grades 1-4 _____ Mrs. Thall Grades 5-8 _____ Mrs. Otts

Station #3

MEDICAL

_____ Mrs. Huff

Station #4

FINANCIAL

_____ Mr. Jeff

Station #5

HOME & SCHOOL

_____ Mrs. Brunson

Station #6

HANDBOOK / POLICY COMPLIANCE

_____ Mr. Kelly

Station #7

PARTNERING FOR ETERNITY

_____ Pastor Villegas

Station #8

UNIFORMS / SCHOOL T-SHIRT

_____ Mrs. Nash

Station #9

ROBOTICS

_____ Mrs. Glasgow

Station #10

FINAL CHECKOUT

STUDENT APPLICATION

SOUTHWESTERN UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

Grade applying for _____ Date of Application _____ Social Security # _____ Sex _____

1. Full Legal Name of Student _____
Last First Middle Nickname

2. Date of Birth _____ Place of Birth _____ Age _____
Mo. Day Yr.

Check document submitted to verify birthday for child entering kindergarten or first grade:
 Birth Certificate Notarized statement Hospital statement Passport or Visa

Verified by _____

3. Student living with Father Mother Stepfather Stepmother Other _____
Specify

Home Street Address _____ PO Box _____

_____ Telephone _____
City State Zip

Parent or Guardian Email Address _____

(OFFICE USE ONLY)

NAME _____ GRADE _____

DATES DOCUMENTS RECEIVED:
 IMMUNIZATION RECORDS _____
 VERIFICATION OF BIRTHDATE _____
 TRANSCRIPTS _____

4.

Legal Names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business phone

5. Is this student sponsored by an Adventist church member? Yes No

Is this student a baptized member of the Adventist church? Yes No

If yes, indicate year baptized _____ Church where membership is held _____

If student has other church affiliation, specify _____

6. School last attended _____

Name of School Address Telephone

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

8. Has this student been previously identified as qualifying for a gifted/talented education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

9. Has this student been previously identified as qualifying for a special education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

10. Does student have an unpaid account at another school? Yes No

If yes, where? _____

11. Name and address of person to whom financial statements are to be sent if different from that given in #3.

Name Address Telephone

Student Contract:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

Student's Signature Date

Parent Contract:

I hereby agree to support school regulations and to help my child observe them, to accept all financial obligations for this student, and to supply physical examination reports for this student a) entering school for the first time, b) at grade five, and c) at other grades, when required by the Conference Board of Education.

Parent's/Guardian's Signature Date

(Stamp school name and address)

Date of enrollment: _____

Date of discharge: _____

Child's Personal Data Sheet

1. **Child's Name:** _____ **DOB** ____ / ____ / ____

Primary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Place of employment: _____ Work hours: from _____ to _____

Secondary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Place of employment: _____ Work hours: from _____ to _____

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2. Emergency Contact Information:

Name of person to call if parents cannot be reached: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Is this person authorized to take the child from the center? Yes _____ No _____

.....
3. List all other adults who are authorized to take the child from the center:

_____	_____	_____
Name	Relationship	Phone number
_____	_____	_____
Name	Relationship	Phone number
_____	_____	_____
Name	Relationship	Phone number

.....
4. Medical Information:

Child's Physician **OR** Emergency Treatment Facility _____ Phone number _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____, mother / father / guardian **(circle one)**

of _____, do hereby give my consent to the Director of the
(Child's name)

Child Care Facility, or her/his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her/his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of parent or guardian _____ Date _____

Witness _____ Date _____

5. Consents:

I hereby give ___/do not give ___ the Director of the Child Care Facility or his appointed representative permission to give Acetaminophen. I understand I will be notified that the medication has been administered.

(Child's Name)

Signature: _____ Date: _____

I hereby give ___/do not give ___ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. School age children may apply sunscreen to themselves with supervision.

Signature: _____ Date: _____

I hereby give ___/do not give ___ the Child Care facility permission to take photographs or video tape of my child for use in the facility.

I hereby give ___/do not give ___ the Child Care facility permission to place photos and/or video recordings of my child on social media or the facility webpage.

Signature: _____ Date: _____

6. Acknowledgments:

This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes.

Signature: _____ Date: _____

This is to acknowledge that I have received a copy of or given the website address to the electronic version of a list of Kindergarten Readiness Skills for my child (3 and 4YO).

Calendar: http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf

Checklist: <http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: _____ Date: _____

This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (parents of infants). <https://humanservices.arkansas.gov/images/uploads/dccece/Shaken%20Baby%20Brochure%20English.pdf>

Signature: _____ Date: _____

7. Pertinent Medical and Developmental Information:

Immunizations: I have provided a copy of my child's Immunization Record: Yes ___ No ___

Disease history: Measles ___ Mumps ___ German Measles ___ Chicken Pox ___ Whooping Cough ___

Frequent colds: Yes ___ No ___ Temper tantrums: Yes ___ No ___
Defective heart: Yes ___ No ___ Contracted Tuberculosis: Yes ___ No ___
Sun Sensitivity: Yes ___ No ___ Seizures: Yes ___ No ___ Frequent ear infections: Yes ___ No ___
Fainting spells: Yes ___ No ___ Diabetes: Yes ___ No ___ Frequent throat infections: Yes ___ No ___

Allergies: _____ Medications: _____

Physical or emotional concerns child might have _____

Other conditions or comments: _____

Special food needs: Formula ___ Diabetic diet ___ Other ___

Is child toilet-trained: Yes ___ No ___ Words used in toileting _____

Siblings? Yes ___ No ___ Name(s) of siblings: _____

8. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

9. I have received a copy of the handbook and agree to the policies therein. Signature: _____

Southwestern Union Conference CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
Mo. Day Year

Address _____

Parent/Guardian's Name _____

Father/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Mother/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Please describe allergies to substances and medication. _____

If on regular medication, please specify _____ Date of last tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____
Address _____

2. Family Physician _____ Office Telephone _____
Address _____

Hospital preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____
Address _____

2. Name _____ Telephone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____



SUPPLEMENTAL CONSENT FORM

1. Consent to Dispense Over-the-Counter Drugs

We are unable to dispense any medication to your child unless you authorize us. If you desire school staff to dispense Ibuprofen, cough drops, or antacids, please sign below. In the event that your child has to take prescribed medication or frequent doses of OTC drugs, please inform the office and bring the medication in the original container, plainly marked with dispensing instructions and your child's name.

Ibuprofen (Advil) -Yes _____ No _____ Dosage _____ Frequency _____
Cough Drops -Yes _____ No _____ Dosage _____ Frequency _____
Antacids (Tums) -Yes _____ No _____ Dosage _____ Frequency _____
Antihistamine -Yes _____ No _____ Dosage _____ Frequency _____

Parent name (printed) _____

Parent signature _____

Date signed _____ Contact phone number _____

2. Permission to Leave Fenced Property

During the school year, BSAS students have opportunities to venture outside of the classroom. Every Friday, we cross the parking lot and have our chapel services with a speaker. We also on occasion have a special treat brought over from Sonic on a hot spring day. These are activities on our school/church property, but are outside of the school fencing. Because we are outside the school building, we need specific permission. This consent allows BSAS staff to take your child to the church for Chapels, or for special events on the school property, but not inside the school's fenced area.

My child, _____, has permission to leave the school's fence-secured area for Friday Chapels, or for special events held outside the fenced area, but still on school/church property. This permission is valid for the 2023-2024 academic school year, August 15, 2023 through May 17, 2024.

Parent name (printed) _____

Parent signature _____

Date signed _____ Contact phone number _____

INTERNET ACCEPTABLE USE POLICY*

Arkansas-Louisiana Conference of SDA

Department of Education

_____ (school) is pleased to offer its students and staff access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, both parent/guardian and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, data bases, and bulletin boards throughout the world. Unfortunately, it is true that some material accessible via the Internet contain items that are illegal, defamatory, inaccurate, and offensive. Many educators believe, however, that the benefits to students in the form of information resources and opportunities for collaboration, exceed the disadvantages and therefore this school has chosen to make the Internet available to its students. Ultimately parents/guardians are responsible for setting and conveying standards that their children should follow when using media and information sources. We respect each family's right to decide whether or not to apply for their child's Internet access.

Since the Internet is provided for students and staff to conduct research and communicate with others, access is given to students and staff who agree to act in a responsible manner. Access is a privilege - not a right. Access requires responsibility. Access requires parental permission. Access requires compliance with the following policies:

1. The students and staff should have no expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the school computer network or stored in his/her directory. The school computer system operator or other school employees may review the subject, content, and appropriateness of electronic communications or other computer files and remove them if warranted, reporting any violation of rules to the school administrator or law enforcement officials.
2. When sending electronic messages, students and staff shall not include information that could identify themselves or other students and staff. Examples of identifying information include last names, addresses, and phone numbers. Students and staff shall identify themselves by first names. Your Internet ID and password are provided only for your personal use. Do not share your password! If you suspect someone has discovered your password, change it immediately. Students and staff shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users.
3. Students and staff shall not
 - (a.) Copy and forward
 - (b.) Copy and download
 - (c.) Copy and upload to the network or Internet server any copyrighted

material, without approval by the computer system operator, a teacher, or a school administrator. Copyrighted material is anything written by someone else. It could be an e-mail message, a game, a story, an encyclopedia entry, or software.

4. All sites containing sexually explicit materials - materials showing male or female nudity - are off-limits to students and staff.
5. Students who violate the Internet use rules set forth in this policy will be subject to the discipline outlined by the school administration and staff. Staff members who violate the Internet use rules set forth in this policy will be subject to serious discipline and possible loss of employment.
6. Students and staff shall not infiltrate, or "hack", outside computing systems or networks. Examples: the release of viruses, worms, or other programs that damage or otherwise harm an outside computing system or network. Students and staff shall not disrupt a system or interfere with another's ability to use that system (e.g. by sending "e-mail bombs" that cause a disk to fill up, a network to bog down, or a software application to crash). Nor shall students or staff do any of these things to the _____ (name of your school) computer system.
7. Students and staff shall not use the school district's computer network to solicit sales or conduct business (i.e. by posting or advertisement to a news group). Students and staff shall not set up web pages to advertise or sell a service. Students and staff will adhere to Christian principles when using the computers at _____ (name of school.)

As a user of the school's computer network, I agree to comply with the above stated rules and policies, acting in a reliable fashion while honoring all relevant laws and restrictions.

Student's Signature: _____ Date: _____

Student's Birthday: _____

Parental/Guardian Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Staff Signature: _____ Date: _____

*Appreciation is expressed to the Pacific Union Conference Educational Technology Advisory Committee, and the "School Policy Legal Insider" for information used in this document.



Student's Name _____

FUNDAMENTAL BELIEFS

The signing of this statement confirms that I understand my child will be exposed to the beliefs of the Seventh-day Adventist church. These beliefs are infiltrated throughout the day in conversation and in all subjects.

For more information:

<http://www.adventist.org/beliefs/fundamental/index.html>

During our worship time each day, we learn about God the Father, God the Son, and God the Holy Spirit. We learn how to worship God through prayer, singing, and Bible study. We learn what the Bible says about the birth, death and resurrection of Jesus. We learn about heaven. We learn that there is a conflict going on for our lives, and that Jesus is our Savior.

From PreK classes up to 8th grade, we do not study or make exceptions for other religious beliefs. We only uplift and emphasize the teachings of the Seventh-Day Adventist church as found in the Bible.

In addition, students are not allowed to wear **any** form of jewelry, except a watch, (no rings, earrings, necklaces, charms, etc.), and, may not show visibly any tattoos (permanent nor temporary).

We do not serve any pork products (ham, bacon, pepperoni, etc.) on campus, and students are not allowed to include these products in their lunches.

By my signature, I confirm my understanding of these fundamental principles of the school.

Printed name _____

Signature _____

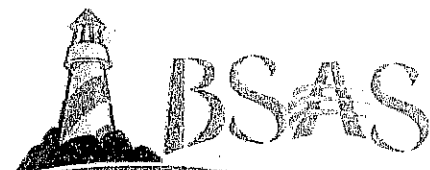
ACKNOWLEDGEMENT OF PARENTAL RESPONSIBILITY UPON DAILY SIGN OUT

(PreK-3 and PreK-4 Parents Only)

At the time a child is signed out each day, the supervision of the child becomes the sole responsibility of the individual who signed them out. The school is no longer held responsible for said child's supervision, even if said individual and child remain on school property. By my signature below, I confirm my understanding of this aforementioned policy of supervision.

Printed name _____

Signature _____



Bentonville Seventh-day Adventist School

Child's Name: _____

Cooperative Acknowledgement

I have read and agree to abide by, the guidelines set forth in the Bentonville Seventh-day Adventist School Handbook. I understand that I and my child are responsible for ensuring that all policies and guidelines in the handbook are to be followed. If the school observes an area of non-compliance, I will immediately take all required steps to correct the oversight. Examples include but are not limited to those listed below.

Please initial each item to signify agreement:

___ Attendance: I agree to have my child to school BEFORE 8am each day to avoid being tardy. I understand that serious legal or financial repercussions may follow excessive tardies.

___ Dress: I understand what the uniforms consist of, and what clothing is appropriate on days when uniforms are not required.

___ Jewelry: I understand that jewelry of any kind (including skin markings or earrings, the bindi, and colored nail polish is not allowed. Any violation of this policy must be corrected immediately.

___ Diet: I agree that I will not include any unclean meats in food sent to school. This includes all pork (pepperoni, sausage, ham, etc), and most seafoods (shrimp, lobster, crab etc).

___ I agree that if questions or concerns arise, I will address those first with my child's teacher.

I agree to abide by the school rules follow the directions given by the teachers.

Student's Signature (Grades 1-8): _____ Date: _____

This form was discussed with the above parties and questions, if any, were answered.

Teacher/Administrator's Signature: _____ Date: _____

Bentonville Seventh-day Adventist School

Financial Registration Forms 2023-2024

Parent/Guardian: _____

Mailing Address: _____

Email Address: _____

Date: _____ Phone Number: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Financial Details

Previous Balance (Deposit & Prepaid Amount) Amount Paid/Owed \$ _____

Enrollment Fees- \$375 before April, \$400 before July, \$425 after Amount Due \$ _____

PreK Tuition - \$570 @ 10 months (includes \$15 snack fee) Amount Due \$ _____

K Tuition - \$500 @ 10 months (includes \$15 snack fee) Amount Due \$ _____

Grades 1-8 - \$470 @ 10 months Amount Due \$ _____

Miscellaneous Fees:

Supply Fees - PreK fees - \$100/per student Amount Due \$ _____

K-8 fees - \$50/per student

Science Lab Fees - K-8 - \$40 per student Amount Due \$ _____

TOTAL DUE \$ _____

Discount Deductions:

\$60 per month Adventist Church Subsidy \$ _____

5% if paying the beginning of each semester. \$ _____

10% if paying full year in advance. \$ _____

\$10 per student if more than one sibling attending \$ _____

TOTAL DISCOUNT (\$ _____)

Moneys Collected: _____ Cash Amount \$ _____

_____ Check Amount \$ _____

TOTAL AMOUNT COLLECTED \$ _____

BALANCE OWED \$ _____

Monthly payments due on the 1st of each month \$ _____