



			Date of Birth:					M	F			
Legal Last Name ↑	Middle ↑	First ↑	↓ Indicate Grade for 2021-2022 School Year					(Please Circle)				
Name child is called:			K3	K4	K5	1 st	2 nd	3 rd	4 th	5 th		
Address:			Early Arrival? () Yes () No									
			After School Program? () Yes () No									
City:	State:	Zip:	Transportation: Personal Vehicle				Day Care:					
Mother/Guardian's Name:			Father/Guardian's Name:									
Mother's Address (if different):			Father's Address (if different):									
City:	State:	Zip:	City:	State:	Zip:							
Cell Phone ()			Cell Phone ()									
Work Phone ()			Home Phone:				Work Phone ()				Home Phone:	
e-mail address:			e-mail address:									
Mother's Employer:			Father's Employer:									
List Adult(s) child lives with:												

Alternative Emergency Contacts

Primary Emergency Contact:			Secondary Emergency Contact:						
Home Phone ()			Home Phone ()						
Work Phone ()			Work Phone ()						
Cell Phone ()			Cell Phone ()						

Persons authorized to pick up child (other than Parents/Guardians) and phone number:

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Discount Information

Church Membership:	Denomination:
Siblings who attend Crossroads:	Siblings who attend Crossroads:
>	>
>	>
>	>

District Information

Public school district where child lives: (Lowndes Co., Valdosta City etc.)

Public school student is zoned to attend:

Field Trip & Campus Activity Permission Form

My child has permission to attend all field trips and special events on or off campus for the 2021-2022 school year.

I will provide an appropriate booster seat if needed.

() yes () no

Parent or Guardian Signature: _____

Date: _____

Financial Agreement

The Registration Fee is for **new** students and is due at the time of registration and is **non-refundable**. The Tuition Deposit is due at the time of registration for all students. The Tuition Deposit is **non-refundable** and reserves the child's class placement. If a student moves due to a parent's transfer of employment out of the area, the Tuition Deposit may be refunded before June 1st. No part of the Tuition Deposit is refundable due to job transfer, after June 1st or during the school year. Crossroads Baptist School sets refunds, tuition, and fees. The first month's tuition is due August 1st and the last month's tuition is due May 1st. A late fee of \$25.00 is applied to tuition if paid after the 10th of each month. A second late fee is applied after the 20th. We **do not mail** statements each month unless there is a balance on the account after the 10th. A Student Supply List will be made available online in May for the upcoming year. **Immunization forms must be current and on file prior to the start of the school year. New students must have a copy of their birth certificate, social security card, current immunization records, and Eye Ear Dental GA form 3300 (K4-5th grade) at the time of registration.**

ACKNOWLEDGEMENT

_____ I (we) will read and agree to abide by all policies of the 2021-2022 Parent/Student Handbook issued in
(initials) August.

_____ I (we) further acknowledge that, pursuant to the Financial Policies section of the Parent/Student Handbook,
(initials) transcripts, grades, etc. will not be released until all financial obligations under this tuition/ASP contract have been satisfied. This would apply to transfers during the school year as well as the end of the school year.

I will pay the Tuition Deposit (please circle one): Online With Check With Cash

Parent or Guardian Signature: _____

Date: _____

*****For School Use Only*****

Current Students:

Tuition Deposit Amt. _____ Received by _____ Date _____ ck# _____ receipt # _____ online _____

Legal Document Checklist: Immunization Record (GA Form 3231) _____

New Students:

Registration Amt. _____ Received by _____ Date _____ ck# _____ receipt # _____ online _____

Tuition Deposit Amt. _____ Received by _____ Date _____ ck# _____ receipt # _____ online _____

Legal Documents Checklist:

Birth Certificate _____ Immunization Record (GA Form 3231) _____

Social Security Card _____ K4-5th Grade -Eye Ear Dental (GA form 3300) _____

Submit the completed form and Tuition Deposit (and Registration Fee, if new student) online, at the school office, or mail to:

Crossroads Baptist School
3001 Country Club Drive
Valdosta, GA 31602
Attn: School Principal