



			Date of Birth:					M	F			
Legal Last Name ↑	Middle ↑	First ↑	↓ Indicate Grade for 2022-2023 School Year (Please Circle)									
<b>Name child is called:</b>			K3	K4	K5	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		
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 2022-2023 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 1<sup>st</sup> and the last month's tuition is due May 1<sup>st</sup>. A late fee of \$25.00 is applied to tuition if paid after the 10<sup>th</sup> of each month. A second late fee is applied after the 20<sup>th</sup>. We **do not mail** statements each month unless there is a balance on the account after the 10<sup>th</sup>. 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 2022-2023 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