

# Bethel Christian School

2901 Winona Drive • Ruston, LA 71270 • 318.255.1112

---

## Application for Enrollment - INFANT CLASS

### Student Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

Siblings of Student Enrolled at Bethel \_\_\_\_\_

Attendance Plan : Monthly: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Drop In \_\_\_\_\_

### Parent Information

Parents' Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*If child lives with someone other than his or her parents, check here ( ) and fill out the following:*

Guardian's Name(s): \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Information

First Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions : \_\_\_\_\_

Allergies (include any medicine to which child is allergic)\* : \_\_\_\_\_

---

## FOOD INFORMATION

---

Usual Feeding Schedule : Times: \_\_\_\_\_

Amounts \_\_\_\_\_

\*Note: All formula, cereal, commercial baby food should be brought from home. Refrigeration is available if needed. When child begins eating soft table food, our cafeteria can provide meals and snacks.

Disposable diapers are to be provided by the parent as needed.:

## Check List for Enrollment

We must have a copy of each child's Birth Certificate, Shot Record, and Social Security Card. Mark an "x" in each box for the copies that are attached.

Child's Name	B.C.	Shot Record	SSC

Cost of day care to be paid in advance:

\$330.00 per month

\$ 90.00 per week

\$ 20.00 per day

