

Brookfield Christian School Admission Form

Office Use:
Registration:
Education:
Deposit/Tuition:
Check #
Date:

Child's intended start date: _____ Today's Date:

Birth Date: _____ Sex: _____

Child's Name: _____ Home Phone: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State, Zip)

Estimated--
Arrival Time: _____ Pick-up Time: _____ Days Attending (circle): M T W R F

Mr./ Dr. (circle one)
Father/Guardian: _____

Ms. /Mrs. /Dr. (circle one)
Mother/Guardian: _____

Employer: _____

Employer: _____

Employer's Address: _____

Employer's Address: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

e-mail: _____

e-mail: _____

Circle
Class Entering*: Infant (6wk-17m) Toddler (17m-24m) Two Three Pre-K K

Before/After School Program _____(school attending)

****Determined by age on 9/1 of the coming school year***
I/We understand that my/our child cannot attend until the policy agreement has been signed and all required documents have been submitted. I/We understand that Brookfield Christian School has the right to modify policies and Tuition/Fee schedule from time to time as needed. I/We will receive written advance notification of change in polices and Tuition/Fee schedule. I/We will be responsible for a tuition payment of \$_____.

Parent/Guardian Signature: _____ Date: _____

**All applicable Registration Fees, Education Fees and Security Deposit must accompany this form for student registration and are nonrefundable.*

Rates are subject to change without notice.