



Enrollment Form - 2020 / 2021

STUDENT INFORMATION

In the chart below, list child(ren) in your family you are enrolling at Bethel Community Education.

Student Name:	Grade Entering:	City/State/Country of Birth:	Birthdate:	Age:	Gender:

Previous school attended (if applicable): _____

School district of residence: _____

Below, list other preschool/school-age children in your family who are not enrolled at BCE.

Full Name:	Birthdate:	Gender:	School Presently Attending:

Bethel Community Education does not discriminate on the basis of race, color, national or ethnic origin.

STUDENT MEDICAL INFORMATION

List chronic illnesses (e.g. Asthma), physical limitations (e.g. hearing, speech, heart), and allergies (e.g. food, medications, latex). All students with allergies must have an Allergy Action Plan on file in the school office.

Student name:	Illness, Limitation or Allergy (Please be specific—use additional paper if necessary):

FOR BETHEL COMMUNITY EDUCATION TO ADMINISTER ANY MEDICATIONS TO YOUR STUDENT, YOU MUST LIST SPECIFIC MEDICATION, DOSAGE, TIME, AND SIGN TO GRANT PERMISSION.

MEDICATION: Please list any approved medications (e.g. Tylenol, Motrin, Prescription drugs, etc.)

Student Name:	Medication and amount:	Dosage Time:	Administer - BCE staff or student:

Parent/Guardian signature: _____ Date: _____

If you have any questions, please feel free to contact Amy Zwiep at either (616)581-7188 or amy@bce.school.

STUDENT MEDICAL INFORMATION (cont)

Does your child require additional support for emotional, behavioral, and/or academics? If yes, please explain.

Are there additional health and/or medical issues Bethel Community Education should be informed of? If so, please explain.

MEDICAL RELEASE

In case of accident or serious illness, I understand the Bethel Community Education staff will make every effort to contact me. However, if the school is unable to reach me, I authorize them to call the physician indicated below for instructions. If it is not possible to contact this physician, the school may obtain treatment as they deem necessary. I agree to hold BCE harmless for any claim or action that might arise on behalf of myself, or my son(s)/daughter(s), other than willful, wanton, or reckless misconduct of BCE, its employees, or volunteers.

Parent/Guardian signature _____ Date _____
Primary Care Physician _____ Phone _____
Insurance Company _____ Policy Number _____
Preferred Hospital _____

By the first day of school, please provide your child's up-to-date immunization records or a waiver from your local health department.

FAMILY INFORMATION

Parent 1's Name _____ Parent 2's Name _____

Guardian's Name _____

Address Line 1 _____

Address Line 2 _____

City _____ Zip _____

Parent 1's Phone (Home) _____ (Cell) _____ (Work) _____

Parent 1's Email Address _____

Parent 1's Employer _____

Parent 2's Phone (Home) _____ (Cell) _____ (Work) _____

Parent 2's Email Address _____

Parent 2's Employer _____

Guardian's Phone (Home) _____ (Cell) _____ (Work) _____

Guardian's Email Address _____

Guardian's Employer _____

Is the student living with you? Yes _____ No _____ If no, please add the student's address below.

Street address *City* *Zip Code*

Emergency Contacts: Parent(s) or Guardian will be contacted first in case of emergency. Provide two Emergency Contacts in the event we cannot get a hold of you.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

BETHEL COMMUNITY EDUCATION INFORMATION

How did you hear about Bethel Community Education?

Why are you choosing to send your child(ren) to Bethel Community Education?

What do you believe will be the greatest struggle and greatest reward your child will experience learning in an innovative, learner-driven, collaborative environment?

If you have any questions, please feel free to contact Amy Zwiap at either (616)581-7188 or amy@bce.school.

PERMISSION SLIPS FOR THE 2020/2021 SCHOOL YEAR

PERMISSION TO PUBLISH PHOTOGRAPHS

I hereby grant Bethel Community Education and their legal representative the absolute right and permission to copyright and use photographic portraits or pictures of me and/or my child(ren), in whole or in part, in promotional materials, such as brochures, Bethel Community Education social posts (Instagram, Facebook, and BCE website). **Please note:** *Names will never be published with pictures on the website.*

* I hereby waive any right I may have to inspect or approve the finished product or products.

* I hereby release Bethel Community Education and their representative from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.

* I hereby warrant that I am of legal age and have every right in my own name and in the above regard.

I have read the above authorization, release, and agreement, and I am fully familiar with its contents.

List the names of *each* child you are granting permission for photo publication.

Parent/Guardian signature _____ Date _____

PERMISSION TO ATTEND FIELD TRIPS

I grant my child(ren) attending Bethel Community Education permission to be a passenger in a Bethel Community Education's staff and/or parent vehicle to travel on all field trips announced by a staff member during the 2020-2021 school year.

List the names of *each* child you are granting permission for traveling on field trips with a BCE staff and/or parent volunteer.

Parent/Guardian signature _____ Date _____

**PERMISSION TO PUBLISH PERSONAL CONTACT INFORMATION LISTED BELOW FOR BETHEL
COMMUNITY EDUCATION DIRECTORY**

I grant Bethel Community Education permission to publish our family's phone numbers, addresses, and emails for the Bethel Community Education school directory.

Parent/Guardian signature _____ Date _____



2020/2021 Tuition Form

To determine your family's approximate cost of tuition when applying, use the chart and instructions below.

Yearly Income*	Tuition Bracket
Up to \$20,000	\$ 700.00
\$20,001 - \$30,000	\$ 1,600.00
\$30,001 - \$40,000	\$ 2,400.00
\$40,001 - \$50,000	\$ 3,300.00
\$50,001 - \$60,000	\$ 4,200.00
\$60,001 - \$70,000	\$ 5,000.00
\$70,001 - \$80,000	\$ 5,900.00
\$80,001 - \$90,000	\$ 6,800.00
\$90,001 - \$100,000	\$ 7,600.00
\$100,000 +	\$ 8,500.00

***Yearly Income** refers to adult income earners in the household (refer to your 1040 form(s)).

****Hybrid Model** is a **FLAT FEE of \$5,000** per learner.

Optional Sibling Deduction - Families with more than one child may receive a \$300.00 deduction per *each additional* sibling attending Bethel Community Education.

Important to note - Contact us if you have other circumstances such as excessive medical costs claimed as income tax deductions, childcare costs, and/or court ordered payments, that may be considered in your tuition costs.

**Please attach a copy of your 1040 Form with this page.*

Please provide the correct amount on the line items below.

1. Tuition Total based on Tuition Bracket _____
2. Number of Children Attending _____
3. Line 1 X Line 2 _____
4. Optional Sibling Deduction \$300 x _____ (per *each additional sibling*) = _____
5. **Total Tuition** (Line 3 minus Line 4) _____

There are three ways you can pay for tuition:

10 monthly installments beginning the month of September and going through June

2 installments on/before September 1, 2020 and on/before February 1, 2021

1 installment on/before September 1, 2020 (*Preferred method for year one if possible due to launching costs*)

Tuition Form Revised 3.31.20

If you have any questions, please feel free to contact Amy Zwiep at either **(616)581-7188** or **amy@bce.school**.

ENROLLMENT FORM CHECKLIST

Please read the checklist below to make sure you are ready to hand in the Enrollment Packet

- _____ 1. Enrollment Packet is completed including **ALL** parent/guardian signature requests.
- _____ 2. Page 5, Line 5, is completed.
- _____ 3. Attached a copy of your child's up-to-date immunization records or a waiver from the local health department.
- _____ 4. Attached a copy of our family's 1040 form as requested on page 5 for tuition scale purposes.

If items #1-4 are completed and/or attached, you are ready to enroll. Mail to:
6670 Checkerberry Ln NE
Rockford, MI 49341

If you have any questions, please feel free to contact Amy Zwiap at either **(616)581-7188** or **amy@bce.school**.