

Mr. Robert T. Law High School Principal Administrator

Mr. Stephen L. Fletcher Elementary/Middle School Principal

Pastor Rick Wilson Senior Pastor

Pastor Kenny D. Kirby Student Ministries Pastor

Mrs. Karen C. Ridenour Guidance Counselor

Mr. Frank G. Keating
Athletic Director

# DENBIGH BAPTIST CHRISTIAN SCHOOL

13010 Mitchell Point Road ♦ Newport News ♦ Virginia ♦ 23602-6912 (757)249-2654 FAX(757)249-9480



A Ministry of Denbigh Baptist Church

# Shaping Hearts and Minds

### **PURPOSE STATEMENT**

The purpose of Denbigh Baptist Christian School, a mission outreach of Denbigh Baptist Church, is to assist the family in fulfilling their God-given responsibility for the training of their child, by providing an education marked by a Biblical world view, curricular and extra-curricular excellence, and affordability so that students will be equipped to impact their world for the glory of God.

#### **MISSION STATEMENT**

The mission of Denbigh Baptist Christian School is to EDUCATE the mind, NURTURE the soul, and SHAPE the character of each student and staff member in a Christ-centered environment, based on the Truth of God's Word.

#### VISION STATEMENT

The vision of Denbigh Baptist Christian School is to develop students who will ENGAGE God's Truth, EXAMINE all things in light of God's Truth, and EMBRACE what is consistent with God's Truth.





### WELCOME LETTER

hank you for considering Denbigh Baptist Christian School for the educational needs of your child. We thank God for every student who enrolls in our school and appreciate the opportunity to invest in each life. Many of your questions will be answered as you review the attached materials, and we suggest that you visit our website at www.dbcs.org for more information.

Founded in 1969 as a ministry of Denbigh Baptist Church, the purpose of DBCS is to provide a sound education, integrated with a Christian view of God and the world, based upon the authoritative and inerrant Word of God. A copy of our Statement of Faith, which governs both the church and school, can be found in the front of the Student Handbook. The DBCS Student Handbook can be accessed and downloaded at our website or a printed copy may be picked up at the school office.

Today, DBCS is a school of approximately 225 students with classes from our Early Learning Center through the 12th grade. Since 1997, we have been accredited by The Association of Christian Schools International, an agency which is recognized in the Commonwealth of Virginia through the Virginia Council of Private Education.

Our school offers a traditional academic setting in which the fundamentals, including a phonetic reading program, are taught. Music, Art, and Computers are a regular part of the elementary and middle school curriculum and are offered as electives in high school. Students can graduate from DBCS with a General Studies Diploma or an Advanced Studies Diploma. Honors and Advanced Placement courses are offered for qualified high school students. Select dual credit courses are available to qualified Juniors and Seniors in partnership with Colorado Christian University.

Denbigh Baptist Christian School is pleased to offer an exciting athletic program for both girls and boys. With Middle School, Junior Varsity, and Varsity teams, students participate in interscholastic athletics through the METRO Athletic Conference. Our program includes basketball, soccer, volleyball, baseball, track, and cross country.

Our graduates have continued their education at such technical schools as The Apprentice School at Newport News Shipbuilding. Others have been admitted to very selective colleges in the Commonwealth of Virginia as well as across the country. Some of these schools include the College of William and Mary, Virginia Tech, the University of Virginia, the United States Air Force Academy, the United States Naval Academy, Liberty University, Grove City College and Wheaton College.

We look forward to meeting you and your child!

Robert Law Administrator

"The fear of the Lord is the beginning of knowledge: but fools despise wisdom and instruction"



### FINANCIAL INFORMATION 2017-2018

### 1. Registration and Testing Fees

These fees are non-refundable and are not deducted from tuition

- \* \$100 Registration fee per student / \$200 max. per family
- \* Testing fee per student, payable on day of testing, if testing is required ~\\$25 for grades E3-K5 / \\$45 for grades 1-12

2. Tuition	E3 <mark>3-Day</mark> 1/2 Day	E3/E4/K5 5-Day 1/2 Day	E3 - 5 <sup>th</sup> Grade	6 <sup>th</sup> – 8 <sup>th</sup> Grade	9 <sup>th</sup> – 11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Book Fee</b>	\$75	\$100	\$175	\$175	\$200	\$200
1 <sup>st</sup> Child	\$2,678	\$4,158	\$6,122	\$6,941	\$7,119	\$7,361
2 <sup>nd</sup> Child	\$2,410	\$3,742	\$5,510	\$6,247	\$6,407	\$6,625
3 <sup>rd</sup> Child	\$2,142	\$3,326	\$4,898	\$5,553	\$5,695	\$5,889

#### **Payment Plans**

- \* In full: Payment is due by August 1. 2% discount
- \* Per semester: Payment is due August 1 and January 2. 1% discount
- \* 10-month: Payment is due on the 1st of the month, August-May.
- \* 12-month: Payment is due on the 1st of the month, June-May.
- \* Payment plans do NOT include Registration, Testing, Book, Sports, and Lunch Fees. These fees must be paid in full.

#### Methods of Payment

- \* Cash, Check
- \* Visa, MasterCard, Discover. Credit card payments are NOT accepted over the phone.
- \* Payments are accepted online at www.dbcs.org. You can find this on the *Home* page at the bottom under *Services—Online Payment*.

#### 3. Book Fee

\* See Chart above. This charge is per student. It is non-refundable. It must be paid in full by November 1st.

#### 4. Sports Fee

\* \$125 per student per sport. This fee is payable at the beginning of the sports season.

#### **DBCS Financial Policy**

- \* Tuition is due by the close of business on the 1st of the month.
- \* **Late Fee**: \$50 late fee will be assessed each month on any unpaid balance (not paid in full), or for payments made after the 15th or the first business day after the 15th.
- \* **NSF Fee**: \$35 fee will be assessed for checks returned for non-sufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's checks, money orders, cash, or certified check) will be accepted for payment.
- \* Accounts in Arrears: If unforeseen financial difficulties arise, parents/guardians are responsible to notify the School Administrator immediately. DBCS reserves the right to suspend educational services, exam administration and issuance of grades, transcripts, and medical records due to delinquent accounts. If an account reaches 90 days in arrears, you will be asked to remove your student(s) from school until the delinquent amount has been paid.
- \* No student will be allowed to reenter school in August until all accounts are paid in full.

# SHOT AN SCHOOL

### APPLICATION PROCEDURES

### **Step 1-Application Package**

Finish the online portion with Gradelink, turn in the <u>completed</u> application package, along with the non-refundable registration fee of \$100 per student / \$200 max. per family.

No documents may be faxed or e-mailed to the school separately.

When your student's completed application is received, this reserves a space in the desired grade as your family goes through the application process. Receipt of the application does not guarantee final acceptance into the desired grade.

### Step 2-Testing

Entrance testing will be scheduled for your student.

Testing may be required for grades E3 through 12. Payment of \$25 for grades E3-K5 or \$45 for grades 1-12 will be due at the time of testing.

### **Step 3-Interview**

A parent/student interview with the respective principal will be scheduled when the applicant is brought in for testing.

Families that have students applying to both the elementary and the middle/high school will interview with both principals.

Students are required to attend the interview.

### **Step 4-Notification**

The parent/guardian will receive telephone notification of acceptance or denial, following the interview.

All acceptances are provisional, pending the receipt of official student records from the previous school(s).



# APPLICATION CHECKLIST

Your child's application will not be accepted without every item on this list.

# Grades E3-12th

Registration fee of \$100 per student, with a maximum of \$200 per family
Online registration with Gradelink
Fully completed student application forms
Child's <u>original</u> state-issued birth certificate
Final custody judgment, if applicable
Recent copy of the child's immunization record
Recent copy of their latest physical
Written statement from a parent/guardian, addressing: "My Responsibility in My Child's Education"
Grades 1st-12th
Latest report card from current school year
Final report card from the previous grade
Latest achievement test scores
Copies of all IEPs, 504 plans, or public school mandated "Instructional Support Plans" the applicant has ever received
Homeschool Students: If the student's coursework is not transcripted by an external source, please complete a Homeschool Student Report for each year of homeschooling

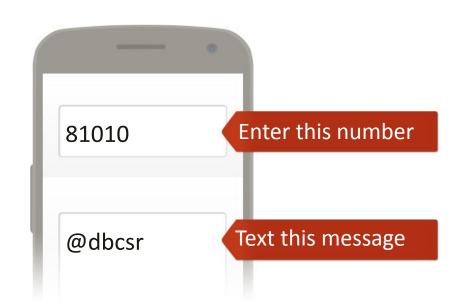
# Mr. Fletcher invites you to join DBCS



# Reminders & Alerts!

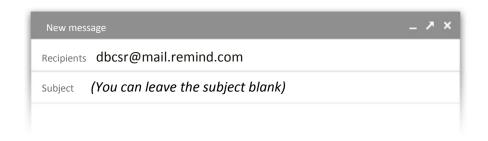
To receive messages via text, text @dbcsr to 81010. You can opt-out of messages at anytime by replying, 'unsubscribe @dbcsr'.

Trouble using 81010? Try texting @dbcsr to (757) 301-4181 instead.



Or to receive messages via email, send an email to dbcsr@mail.remind.com.

To unsubscribe, reply with 'unsubscribe' in the subject line.



Stay informed about DBCS news. Sign up today!



# School Calendar 2017-2018

# Minutemen

School begins at 8:15 am. Drop-off is from 7:45-8:10. Elementary Dismissal is at 3:05. Middle / High School Dismissal is at 3:15. On half-days, Elementary dismisses at 11:35 am, Middle/High School at 11:45 am, and Extended Care remains open until 6 pm.

	Midale/High School at 11:45 am, and Ex		
AUGUST		JANUAR	
1	Fall Sports Try-Outs ∼ see website	2	School resumes
7-8	Praise Band Camp ∼ 10 am - 1 pm	4	Report Cards sent home
9-10	Teacher Work Days	6	Homecoming
11	Open House $\sim 3:00 - 5:00 \text{ pm}$	15	NO SCHOOL ~ Martin Luther King, Jr. Day
	$6^{th}$ & $7^{th}$ Grade Orientation ~ 4:00 - 4:30 pm		
	9 <sup>th</sup> Grade Orientation ~ 4:30 - 5:00 pm	FEBRUA	
14	1 <sup>st</sup> Day of School ~ ½ Day	6	Mid-Quarter
15	½ Day	16	NO SCHOOL ~ HRACS Conference
16	Full days begin	19	NO SCHOOL ~ Presidents' Day
			Senior Class Trip
<b>SEPTEM</b>	IBER '17	27	PSAT Testing for Sophomores <i>only</i>
4	NO SCHOOL ~ Labor Day		
5-8	MS/HS Spiritual Emphasis	MARCH	
12	Mid-Quarter	6	HS Talent Show & Dinner
18- <u>Oct 3</u>	Schoolwide Fundraiser	8	MS Science Fair
21-23	Junior Trip to Washington, D.C.	12	3 <sup>rd</sup> Quarter ends
		16	NO SCHOOL ~ Math Olympics
OCTOBI	ER '17	19	Report Cards sent home
11	1 <sup>st</sup> Quarter ends	19-22	Achievement Testing
11	PSAT Testing for Juniors	30	½ Day ∼ Easter
18	Report Cards sent home		
		APRIL '1	18
NOVEM	BER '17	2-6	Spring Break
2	Chili Cook-off	9-13	HS Art Display
8	Mid-Quarter	12	MS/HS Spring Concert ~ 7 pm
20	Broadway Night (HS Choir Fundraiser)	19	Mid-Quarter
22-24	NO SCHOOL ~ Thanksgiving Holiday	20	Elem. Grandparent's Day Concert ~ 12:30 pm
	The Bellotz Thamagiving Honau	21	Spring Fling
DECEMI	RER 417	27	Junior/Senior Banquet
1	Elementary Christmas Concert	28	Sophomore Ring Banquet
1	& Art Display ~ 7 pm		
7	MS/HS Christmas Concert ~ 7 pm	MAY '18	
11	½ Day ~ Exam Review	3-5	Musical
12	1/2 Day ~ 7 <sup>th</sup> Period Exam / Exam Review	17	K5 Graduation ~ 10:00 am
13	<sup>1</sup> / <sub>2</sub> Day ~ 1 st & 4 <sup>th</sup> Period Exams		Last Day of School ~ E3, E4, & K5
14	$\frac{1}{2}$ Day $\sim 2^{\text{nd}}$ & 5 <sup>th</sup> Period Exams	18	8 <sup>th</sup> Grade Promotion ~ 11 am
15	$\frac{1}{2}$ Day $\sim 2^{\text{rd}}$ & 6 <sup>th</sup> Period Exams		MS Art Display
13	1 <sup>st</sup> Semester ends	21	½ Day ~ Exam Review
	1 Semester ends	22	$\frac{1}{2}$ Day $\sim 1^{st}$ & 4 <sup>th</sup> Period Exams
10 1/1	NO SCHOOL ~ Christmas Holiday	23	$\frac{1}{2}$ Day $\sim 2^{\text{nd}}$ & 5 <sup>th</sup> Period Exams
18–1/1	NO SCHOOL ~ Christinas Honday	24	$\frac{1}{2}$ Day ~ $3^{rd}$ & $6^{th}$ Period Exams
			1 <sup>st</sup> ~ 3 <sup>rd</sup> Grade Awards
		25	Last Day of School ~ ½ Day
			7 <sup>th</sup> Period Exam ~ 8:30 am
			4 <sup>th—5<sup>th</sup> Grade Awards ~ 8:30 am</sup>
			5 <sup>th</sup> Grade Promotion ~ 8:30 am
			MS/HS Awards ~ 10:05 am
			C 1

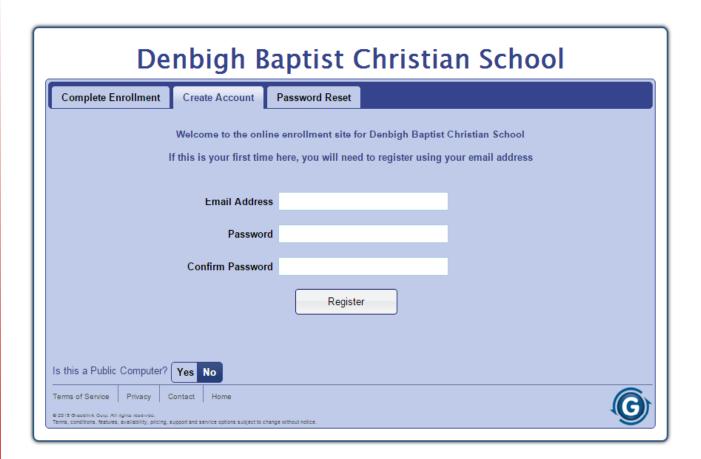
Graduation Class of 2017 ~ 7 pm



# ONLINE REGISTRATION OPTION

Our school offers online registration through Gradelink here:

# https://secure.gradelink.com/730/enrollment



Registration Fee: \$100 per student / \$200 maximum per family



### ADMISSION APPLICATION 2017-2018

Denbigh Baptist Christian School adheres to a policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded, or made available to students at the school. DBCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, athletic, or any other policies or school-administered programs. However, DBCS reserves the right to refuse admission to, or dismiss, any student if they or their family profess, promote, or participate in a lifestyle that is contrary to the established teaching of Denbigh Baptist Church.

Student's Name:				
	Last	First		Middle
Date of Birth:/_				
Grade Entering:	_ <b>ELC</b> If H	Half Day Only: 3-Day	y (E3 ONLY)	or 5-Day (E3,E4,K5)
Address:			IIO Citica	wa Tvos Tvos
			US CILIZE	en?
			Country	of Visa
City	State	Zip Code	Expiration	on of Visa/
Student's Cell Phone:				
Parental Marital Status: [	☐Married ☐ S	Separated Divorced	☐ Single ☐	Custody Paperwork
Student lives with: □Fa	ther  Mothe	r □Stepfather □St	tepmother [	□Other
Family 1				
Father/Guardian		Mother/G	uardian	
Address		Address		
Cell #		Cell #		
Home #		Home #		
Work #		Work #		
E-Mail		E-mail		
Place of Employment		Place of Em	ployment	
Church Affiliation		Church Affi	liation	
Family 2				
Father/Guardian		Mother/G	uardian	
Address		Address		
Cell #				
Home #				
Work #				
E-Mail				
Church Affiliation		Church Affi		

Name		Rela	tionship		
Cell #	Home #		Work #		
Name		Rela	tionship		
Cell #	Home #		Work #	<u> </u>	
Please list all scho	ols the student has attende	ed.			
SCHOO	OL NAME	COM	IPLETE ADDRI	ESS	GRADES
Condition of stude	ent's health: Excellent	Good	Fair	Poor	_
	ave any disability or medica				
	es If "Yes" please explain		_	_	
Does your child su	affer from any allergies? _	NoYe	s		
f "Yes", is treatme	ent required?	_ Will medicati	on need to be	kept at school?_	
Names and grades	s of siblings attending DBC	S			
Please state why y	ou want your child to atten	nd DBCS			
WAIVER OF CO	NFIDENTIAL MATERI	IALS			
Baptist Christian S waive our right to	at recommendations and e School are <b>confidential</b> (o them. To the best of our k nat misrepresentation migh	excluding transc nowledge, the in	ripts), and as j formation in t	parents/legal gu his application i	ardians, we s accurate. W
dismissal after eni			- <b>•</b>	-	
Father/Guardian	Signature			Date	



## $Admission \ Application \ continued$

# All the following questions require an explanation, if answered "Yes". *Please use a separate sheet of paper, if needed.*

1.	Has the a	applicant e	ver "skipped" or been placed in a higher grade?
	No	Yes	Explain:
2.	Has the a	applicant e	ever repeated a grade?
	No	Yes	Which grades? Explain:
3.	Have the	re been disc	cipline problems that required intervention beyond that of the classroom teacher?
	No	Yes	Explain:
4.	Has the a	applicant e	ver been suspended, expelled, or asked to withdraw from a school?
	No	Yes	Explain:
5.	Has the a	pplicant e	ver been brought before the juvenile court or any law enforcement agency?
	No	Yes	Explain:
6.	Has the a	applicant e	ver been suspected of having a learning disability or attention challenges?
	No	Yes	Explain:
7•	Has the a	pplicant e	ver been diagnosed with a learning disability or attention challenges?
	No	Yes	Explain:
8.	Has the a		ver had an IEP, 504 Plan (including speech/language), or an Instruction
			If "Yes", a copy is required. Explain:
9.	Has the a	applicant e	ver required academic accommodations?
	No	Yes	Explain:
10	challeng	es?	er been recommended or prescribed for emotional, learning, or attention  Explain:
11.	Please lis	st the name	e(s) of any private practice counselor, psychiatrist, or clinical psychologist /sees
12.	have spe therapy)	cial acadeı ?	ever attended a school or participated in a program designed for students who mic needs or abilities (including gifted, special education, tutoring, or Explain:



### STATEMENT OF COOPERATION

In submitting this application for my child, it is my desire to have him/her complete the 2017-2018 school year. I understand that the policy of the school is to make <u>no refund</u> on registration, book, or testing fees.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I also give permission for emergency medical treatment, to be administered, as deemed necessary by the attending medical personnel, while my child is under the supervision of Denbigh Baptist Christian School (DBCS). This includes the school's sports program and all other school-sponsored activities.

I understand that DBCS occasionally uses photographs of individual students, as well as the entire student body, in various newsletters, publication ads, brochures, bulletin boards, videos, school Facebook page, and school websites. I understand that if this is problematic for me, I will inform the office staff when submitting this application.

I understand that, if I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with DBCS and/or its legal corporate entity, in keeping with I Corinthians 6:1, I agree to submit to a board of conciliation, the members of which have been mutually selected by myself and officials of the school, rather than taking the dispute to a civil court. I agree that the procedure to be followed, including costs involved, will be that which has been established by the Association of Christian Conciliation Services.

I understand that students are admitted for one year at a time, and that DBCS reserves the right to dismiss a student at any time during the school year. Any student who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship, or who fails to cooperate, may be asked to withdraw from the school. Specifics concerning academic, spiritual, and behavioral standards are detailed in the Student Handbook.

As a parent of an <b>Early Education/Elementary</b> student, I the school in following the policies stated above and in the De Student Handbook. If any questions or problems arise, I will the proper authority.	nbigh Baptist Christian School
Early Education or Elementary Parent/Guardian Signature	Date
OR	
I and my <b>Middle/High School</b> student have read and agree following the policies stated in the Denbigh Baptist Christian If any questions or problems arise, I will bring them to the att	School Student Handbook.
Middle/High School Parent Signature	 Date
Middle/High School Student Signature	 Date



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### **RECORDS RELEASE**

This is an official records request.

Student's Printed Name	Date of Birth	$\overline{G}$	rade Entering
Transferring from:			
· ·	School Name		
	Street Address		
	City	State	Zip
	Phone Number	Fax Number	
T	ll	L •	
I,	, hereby aut	norize	udent's Current School
to release the following r	records of		
to the Admissions Office	of Denbigh Baptist Christ	Student's Printed Nam	
	9 1		purpose or admissions
review and academic pla	cement.		
Official transcripts	/grades and comments for	the previous aca	demic vears
-	dized achievement and/or	-	delilie y ears
	•	_	
	ance and disciplinary actio	ns	
3. Records of attenda	mee and disciplinary actio		
-	al evaluations, psychologic		eports, medical reports
_	al evaluations, psychologic		eports, medical reports
4. Records of persons	al evaluations, psychologic		eports, medical reports

**Transferring School:** Please send the records listed above to:

Denbigh Baptist Christian School **Director of Admissions** 13010 Mitchell Point Road Newport News, VA 23602

Fax: (757) 249-9480

E-mail: chughes@denbighbaptist.org



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### **ENGLISH TEACHER RECOMMENDATION**

### Parent/Guardian:

Please sign the authorization below and return with your child's application. If additional insight/evaluation is required by our review committee, this will be mailed to your child's former English teacher.

Student's Printed Name	Date of Birth		Grade Entering	
Current English Teacher's I	Name			
School Name				
Street Address				
City	State	Zip		
Phone Number	Fax Number			
<b>Teacher:</b> Please complete the following this form in the envelope prov this evaluation.				
In what capacity and for how l	ong have you known this	s student?		
Please elaborate on this studer	t's strengths and weakn	esses.		

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Peer relationships					
Adult relationships					
Integrity					
Positive leadership					
Self-confidence					
Consideration of others Receives correction graciously/humbly					
Academic achievement					
Academic potential					
Attention span					
Use of time					
Written expression					
Verbal expression					
Homework completion					
Creativity					
Classroom conduct					
this		recomn mission to Denb	oigh Baptist Chr		mmend
<b>Printed</b> Name of Ro	ecommending Teacher		Sign	nature	

Date

Name of School



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### MATH TEACHER RECOMMENDATION

### Parent/Guardian:

Please sign the authorization below and return with your child's application. If additional insight/evaluation is required by our review committee, this will be mailed to your child's former Math teacher

Student's Printed Name	Date of Birth		Grade Entering
Current Math Teacher's Name			
School Name			
Street Address			
City	State	Zip	
Phone Number	Fax Number		
Parent/Guardian <b>Teacher:</b> Please complete the following info this form in the envelope provided this evaluation.	ormation (front and l		
In what capacity and for how long	have you known this	student?	
Please elaborate on this student's s	strengths and weakne	esses.	

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Peer relationships					
Adult relationships					
Integrity					
Positive leadership					
Self-confidence					
Consideration of others Receives correction					
graciously/humbly					
Academic achievement					
Academic potential					
Attention span					
Use of time					
Written expression					
Verbal expression					
Homework completion					
Creativity					
Classroom conduct					
	recommend applicant for adn	recomm nission to Denbi		s <b>trongly recon</b> stian School.	nmend
<b>Printed</b> Name of Rec	-		Signo		
Name of Sci	hool		Da	te	



# HEALTH INFORMATION FORM 2017-2018

### This form must be completed each school year.

Student's Nam	e					□ Male	□ Female
	Last		First	Midd	le		
Date of Birth	_//	_	Age		Grade		
Student's Addres	SStreet Address			City		State	Zip
Parents				City		State	Σtp
Names				Best Phone N	Number(s) in ca	se of emergenc	у
ALLERGIE	$\mathbf{S}$						
Allergy Type							
$\square$ Food							
☐ Medication	List medication	(s) _					
☐ Bee Sting							
☐ Other (List)							
Reaction Type							
☐ Mild ☐	] Severe Date	e of la	st severe reaction			_	
☐ Coughing			Hives		Rash		
☐ Difficulty Br	eathing		Local Swelling		Wheezing		
☐ Generalized	Swelling		Nausea		Other		
Currently prescribed	medications and	treatr	nents				
☐ Oral Antihist	amine (Benadryl,	etc.)	☐ Epinephrine		Other		
☐ Medication	needs to be giv	en a	t school				
ASTHMA							
Triggers							
Exercise			Environmental		Other		
Symptoms							
☐ Difficulty bre	eathing		Chest discomfort		Throat itcl	n, tightness,	or soreness
☐ Coughing			Hoarseness		Wheezing		
Other							
Currently prescribed	medications and	treatı	nents				
Inhalers			Oral antihistamines		Oral steroi	ids	
☐ Nebulizer			Other				
☐ Medication	needs to be giv	en a	t school				
<b>DIABETES</b>							
Currently prescribed	medications and	treati	nents				
☐ Insulin			Syringe		Pump		
☐ Blood Sugar	Testing		Glucagon		Other		
☐ Oral Mediati	on (s)						
☐ Medication	needs to be giv	en a	t school				

 $Continued\ on\ reverse$ 



# Health Information Form continued

SEIZURE DISORDERS		
71 1		
☐ Medication needs to be g	iven at school	
ADHD		
Currently prescribed medications		
☐ Medication needs to be g	iven at school	
OTHER HEALTH CON	CERNS	
Cancer	Heart Condition (Specify)	
☐ Hemophilia	☐ Sickle Cell Anemia	
MEI	DICAL PROVIDER INFORMATION	<b>T</b>
WIEI		
	Name	Phone
Pediatrician/Primary Care Provider		
Dentist		
Eye Doctor		
Other Specialist		
Preferred Hospital		
I,designated provider of health activities such as athletic pro	uthorization Form must be complete cool. , hereby authorize my child's here in the school setting (including grams, field trips, etc.) to discuss my pertaining to this form. Any photoco	alth care provider and g all school-sponsored c child's health concerns
	 Signature	 Date



# TUITION PAYMENT SCHEDULE 2017-2018

Only one form is required to be returned per family.

### Tuition

	E3 3-Day 1/2 Day	E3/E4/K5 5-Day 1/2 Day	E3 - 5 <sup>th</sup> Grade	6 <sup>th</sup> – 8 <sup>th</sup> Grade	9 <sup>th</sup> – 11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Book Fee</b>	\$75	\$100	\$175	\$175	\$200	\$200
1st Child	\$2,678	\$4,158	\$6,122	\$6,941	\$7,119	\$7,361
2 <sup>nd</sup> Child	\$2,410	\$3,742	\$5,510	\$6,247	\$6,407	\$6,625
3 <sup>rd</sup> Child	\$2,142	\$3,326	\$4,898	\$5,553	\$5,695	\$5,889

Paymer	nt Plan
	Payment in Full Pay full tuition by August 1, 2017. A 2% discount will be applied.
	Per-semester Payments Pay the first semester tuition by August 1, 2017. Pay the second semester tuition by January 2, 2018. A 1% discount will be applied.
	Ten Equal Payments Pay tuition in ten (10) equal monthly payments. The first payment is due August 1, 2017, with the final payment due May 1, 2018.
	Twelve Equal Payments Pay tuition in twelve (12) equal monthly payments. The first payment is due June 1, 2017, with the final payment due May 1, 2018.
Discou	nt Eligibility
	I am eligible for a New Student Discount.
	I am eligible for a Referral Discount. Referred Family
Financi	ially Responsible Party/Parties
Please p	rint the name(s) and phone number(s) of the financially responsible party/parties.
Name	Phone Number
Name	Phone Number
Your sta	tements will be e-mailed to the address(es) given below:
E-mail A	Address
E-mail A	Address



### Tuition Payment Schedule continued

I understand and agree to abide by the following Denbigh Baptist Christian School Financial Policy:

- \* **Due Date**: Tuition is due by the close of business on the 1st of the month.
- \* **Late Fee**: \$50 late fee will be assessed each month on any unpaid balance (not paid in full), or for payments made after the 15th or the first business day after the 15th.
- \* **NSF Fee**: \$35 fee will be assessed for checks returned for non-sufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's checks, money orders, cash, or certified check) will be accepted for payment.
- \* Accounts in Arrears: If unforeseen financial difficulties arise, parents/guardians are responsible to notify the School Administrator immediately. DBCS reserves the right to suspend educational services, exam administration and issuance of grades, transcripts, and medical records due to delinquent accounts. If an account reaches 90 days in arrears, you will be asked to remove your student(s) from school until the delinquent amount has been paid.
- \* **Withdrawing**: If a student is withdrawn during the school year, tuition will be required through the month the student was enrolled at DBCS.

For the school year 2017-2018, I agree to pay all tuition and fees according to the option

i cnose.			
Printed Name of Father/Guardian	Signature of	Father/Guardian	Date
Printed Name of Mother/Guardian	Signature of	Mother/Guardian	 Date
egistration Fee Amt:	Paid: Online	Check #	Cash

Name of Student (List Oldest Student First)	Grade	Tuition	Less Discount (If Applicable)	Net Tuition
1.				
2.				
3.				
4.				
			Total	



# EXTENDED CARE

Our school offers Extended Care (EC) for full-time students in the Early Learning Center and in K5-8th grade.

1. Registration Fee: \$25 per student / \$50 maximum per family

**2. Fees:** These can be divided into 10 monthly payments.

Early Care 6:30 AM—8:00 AM		After School Care 3:00 PM—6:00 PM		
3 Day	\$625	3 Day	\$1,240	
5 Day	\$965	5 Day	\$1,930	

**Bundle Packages:** Early Care + After School Care

3 Day	\$1,640	
5 Day	\$2,480	

### **Drop-in Daily Rate:**

Early Care Daily Rate — \$6 After Care Daily Rate — \$13

Please see the school office for the complete information packet.



Name	Date		
Child's Name			
How did you fi	ind us?		
Alumni ~ Class of			
Word of Mouth ~ Who told you about	us?		
Website ~ How did you find our website	e?		
☐ <b>Facebook Ad</b> ~ I clicked on ar	n ad in my Facebook feed.		
Google ~ Standard search			
Google Ad ~ I clicked on the spage or an ad on the right side of	search returns ad at the top of the of the page.		
Other ~			
Military ~ I saw the ad in the Getting Se	ettled magazine.		
Radio ~ I heard the ad on 89.1 FM, 1650	o AM, 1010 AM, or 1270 AM.		
Other ~ Please explain			
Thank you for taking the time to complete	e this survey.		
DBCS School Management Team			