



William  
**Bradford**  
 Christian School  
 2320 North East First Street  
 Pryor OK 74361  
 (918) 825-7038 Office  
 (918) 825-7037 Fax

Date Rev'd _____
Deposit Amt _____
Check No. _____

## SUMMER SESSION REGISTRATION FORM

Participant:

Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle Grade entering Fall 2015:    K4    K5    1    2    3    4    5    6

Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle Grade entering Fall 2015:    K4    K5    1    2    3    4    5    6

Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle Grade entering Fall 2015:    K4    K5    1    2    3    4    5    6

Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle Grade entering Fall 2015:    K4    K5    1    2    3    4    5    6

**SESSION(S)**

Please check your selection(s):

<h1 style="margin: 0;">CONFIDENCE</h1> <p style="margin: 20px 0;"><b>Bible • Language Arts • Reading • Math</b></p> <p style="margin: 20px 0;"><b>Monday – Thursday (8 days) 8:30 A.M. – 11:30 A.M.</b></p>	<h1 style="margin: 0;">CREATIVITY</h1> <p style="margin: 20px 0;"><b>Bible • Science • Art • Computers • Physical Education</b></p> <p style="margin: 20px 0;"><b>Monday – Thursday (8 days) 12:30 P.M. – 3:30 P.M.</b></p>
<input type="checkbox"/> June 1 <sup>st</sup> – June 11 <sup>th</sup>	<input type="checkbox"/> June 1 <sup>st</sup> – June 11 <sup>th</sup>
<input type="checkbox"/> June 15 <sup>th</sup> – June 25 <sup>th</sup>	<input type="checkbox"/> June 15 <sup>th</sup> – June 25 <sup>th</sup>
<input type="checkbox"/> June 29 <sup>th</sup> – July 9 <sup>th</sup>	<input type="checkbox"/> June 29 <sup>th</sup> – July 9 <sup>th</sup>
<input type="checkbox"/> July 13 <sup>th</sup> – July 23 <sup>rd</sup>	<input type="checkbox"/> July 13 <sup>th</sup> – July 23 <sup>rd</sup>

Students attending full time will need to bring a lunch.

FINANCIAL POLICY

PAYMENT AND CANCELLATION/REFUND POLICY

- The Summer Session deposit is \$50 for each session the student is enrolled. This deposit is applied toward the tuition payment.
Fifty percent (50%) of this deposit is non-refundable. One hundred percent (100%) of the deposit is nonrefundable after the Session has begun regardless of the reason for cancellation.
The balance of the tuition is to be paid in full prior to the start date of the session the student is scheduled to attend.
In the event a session is cancelled, an alternative session or reimbursement will be offered.

I understand and agree that this Agreement is a binding and enforceable legal obligation and that the School may bring a civil action to enforce the obligation. In such an event, I agree that I shall be liable for and shall pay to the School, its costs, including, but not limited to, attorneys' fees, in bringing and prosecuting the enforcement action, in addition to any other amounts that I may owe the School by way of judgment, settlement, or otherwise. By signing below, I acknowledge that I have read this Agreement and understand and accept all of its terms and conditions. I am signing this Agreement as the Parent/Guardian or the person financially responsible for the Student's Account.

TUITION

Table with 4 columns: NUMBER OF SESSIONS, TUITION 1st Child, TUITION Additional Sibling, DEPOSIT. Rows range from 1 Session to 8 Sessions with corresponding tuition amounts.

Form with checkboxes for Number of Sessions Selected, Deposit, Remaining Balance, and fields for Total, TOTAL AMOUNT DUE, TOTAL AMOUNT PAID (with Cash/Check options and Date Paid), and BALANCE DUE.

FINANCIAL AGREEMENT

I (We) have read the Financial Policy and agree to abide by it. I (We) will pay all charges incurred on this account. I (We) agree to pay the Balance due listed above before the Session begins.

Signatures

Parent/Legal Guardian #1: Relationship: PRINT NAME: Date:

Parent/Legal Guardian #2: Relationship: PRINT NAME: Date:

## PARENT/STUDENT INFORMATION

Parent # 1	Parent # 2
Address	Address
City/State/Zip	City/State/Zip
Home Telephone	Home Telephone
Work Telephone	Work Telephone
Cell Telephone	Cell Telephone
e-mail	e-mail

The student lives with:  Both Parents  Parent #1  Parent #2  Other: \_\_\_\_\_

Photo Release: I authorize William Bradford Christian School to have, use, publish and reproduce photographs or videos of the Participant in Program brochures, on the website or for any publication unless this box is checked.

**Please list below at least one Emergency Contact who would be able to pick up the above-named child during William Bradford Christian School Summer Session hours, and from all events, travel, and activities associated with the Session.**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Insurance Information:**

Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Insurance Policy Holder Name \_\_\_\_\_

If the above listed medical insurance policy is cancelled after the completion of this Form, please promptly provide updated medical insurance information.

**Health Concerns/Allergies (Check if yes):**  Asthma  Sunscreen  Penicillin  Other Drugs  Seasonal Allergies  
 Food Allergies  Insect Bites & Sting  Other \_\_\_\_\_

Allergy Explanation include the severity of reaction (if touched, if ingested) \_\_\_\_\_

Medications for Above: (Including: Epi-Pen or Inhaler) \_\_\_\_\_

Will the Participant be taking any other medications (including over the counter medicine) while at school? **YES** or **NO**

What other medications? \_\_\_\_\_

**A completed "Medication Administration Consent" form must be on file for each medication.**

**Medication Administration Information:** Please **CHECK** which of the following may be given to the Participant if needed:  Tylenol  Advil  Benadryl  External Ointment (antibiotic cream)  External Ointment (anti-itch cream)  Antacid (Tums or Maalox)  Sunscreen

**Doctor/Dentist Information:**

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of family physician: \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current State regulations require that we have a copy of the Participant's current Physician's Certificate of Health and Immunization Record. PLEASE ATTACH THESE DOCUMENTS AND SUBMIT TOGETHER.**

**William Bradford Christian School Summer Session Program is committed to providing a successful summer session experience for all who attend. We respect that every individual who participates in our program comes with a unique personal history. Having prior knowledge of any details that may impact your child's experience is invaluable. This may include learning styles, medical conditions, behavioral issues, emotional needs or significant changes that may have impacted their lives. Please do not hesitate to attach additional information.**

Any physical, mental or psychological conditions requiring medications, treatment or restrictions while at the summer session(s)? (Such as diabetes, epilepsy, chronic headaches, emotional, behavioral, etc.) \_\_\_\_\_

List any past medical treatment or recent injuries: \_\_\_\_\_

Describe any specific activities from which the child should be exempted: \_\_\_\_\_

Any Dietary Modifications/Restrictions: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

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**Accuracy of Information:** This information about the Participant contained on this form and provided in addition to this form is correct and current to the best of my knowledge.

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## **STATEMENT OF COOPERATION and WAIVER OF LIABILITY**

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I recognize that attendance at William Bradford Christian School is a privilege and not a right. Parents are expected to cooperate with and support the School and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire School. I give permission for my child's teacher and/or other agent of the School to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the School if they do not conform to the standards and way of life at the School. The School reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the School, does not conform to the spirit of the School.

I understand that school lockers and desks are property of the school and that the school has a right to open and search desks and lockers. The school is not responsible for items/articles lost or stolen.

I further understand that William Bradford Christian School policy prohibits refunds of registration fees, deposit fees or the first tuition payment.

I give permission for my child(ren), whose name is set forth in this document, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the school transportation), sports recreational activities, school transportation trips, field trips, sports activities on the premises of William Bradford Christian School and sponsored trips away from the School premises. I indemnify and save William Bradford Christian School, its affiliates, board members, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that William Bradford Christian School does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends William Bradford Christian School, whether it be in the nursery, elementary, junior-senior high, or summer school. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

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Student Signature

Date

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Father/Guardian Signature

Date

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Mother/Guardian Signature

Date

## HONOR CODE

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TO BE SIGNED BY EACH GRADE STUDENT AND BY THE PARENT(S)/GUARDIAN(S) OF EACH STUDENT.

1. I will faithfully attend and participate in scheduled services at a Bible-believing church.
2. I will strive to discover my God-given talents, to develop those abilities fully, and to devote those talents to a lifetime of learning, serving, and honoring God.
3. I will not use or be associated with the use of tobacco, drugs, or alcohol and I will honor God by maintaining a lifestyle of sexual purity.
4. I will refrain from the use of profanity, vulgarity, or any other type of writing, print material, innuendo, or conversation which is inappropriate for a Christian.
5. I will not lie, cheat, or steal, nor will I tolerate such activity.
6. I will show respect for authority and submit myself to the teachers and administration of William Bradford Christian School, realizing that attendance at WBCS is a privilege, not a right.
7. My dress and my appearance will not only comply with the dress code of WBCS, but it will also reflect Christian modesty and values.
8. My relationship with other students will be based on the principles of Christ's love. I will show care and concern for others in my speech and my actions.
9. I will support the Statement of Faith as it is applied to instruction throughout the curriculum.
10. I will not violate any OCSAA rules that prohibit recruiting or influencing for athletic and understand that violation of these rules will result in immediate dismissal from WBCS.
11. I will fulfill my student contracts in all athletic and non-athletic extracurricular activities and understand that failure to honor these commitments will result in immediate dismissal from WBCS.
12. I will uphold this Honor Code at William Bradford Christian School, at school activities, and outside of school.

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Student Signature

Date

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Father/Guardian Signature

Date

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Mother/Guardian Signature

Date

## STATEMENT OF PARENTAL SUPPORT

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I/We, as the parent(s) of \_\_\_\_\_, do pledge our support of Bradford Christian School in the education of our child. We recognize that the education of our child is a God-given responsibility. We pledge to assist the school as they aid us in our responsibility.

I/We have read and support the school's Mission Statement and Statement of Faith.

I/We pledge to meet all financial responsibilities associated with our child's enrollment in a timely fashion.

I/We give Bradford Christian School full discretion in the training and discipline of our child, within guidelines of the Parent/Student Handbook.

I/We pledge our loyalty to the mission and founding principles of Bradford Christian School. We promise to bring any questions and criticisms to the appropriate teacher privately. Should the matter need to go to the administration, we agree to meet with the teacher and administration to discuss the issue. When necessary, we agree to bring any issue concerning policy to the board in written form to be put on the school board's monthly meeting agenda.

I/We pledge that if for any reason our child does not make successful progress consistent with their ability, be regular in attendance, or maintain reasonable and acceptable standards of conduct and classroom demeanor (including: dress, hygiene, care of school property, and conduct at or away from the school), we will withdraw him/her without delay. However, we recognize that the school reserves the right to suspend, expel or otherwise discipline any student who fails to adhere to the standards set forth in the Parent/Student Handbook.

I/We understand that Bradford Christian School is a non-profit ministry operating on the principle of faith. Tuition levels are designed to make Christian education available to as many people as possible. Because tuition does not cover all the costs associated with the education of our child, the Annual Fund has been established to assist the school in major capital outlays. We pledge to support the Annual Fund as God blesses our family financially. Furthermore we pledge to consistently pray for the Board, Administration, Teachers and Students of the school on a regular basis.

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Father Signature \_\_\_\_\_ Date \_\_\_\_\_

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Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

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Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_