

(Office Use Only)

Student Name

Grade/Teacher

Betton Hills Preparatory School Registration Packet





Student Records

Date: _____

Entering Grade Level _____

Current Year Start Date: _____

First Name: _____

Middle initial: _____

Last Name: _____

Suffix: II III Jr. Sr. (Circle one)

Goes By: _____

Gender: Male Female

Birthday: _____

Child: # _____ of # _____

Student's Primary Address: _____

City: _____ State: _____ Zip: _____

****Please note: The above address will be your child's official address. All paperwork and documents, including report cards, will be sent there.**

T-Shirt Size: (circle one) Youth sizes: XS S M L

Religious Affiliation: _____

Please list any restrictions associated with your religious affiliation that would affect your child's school experience:

Last School Attended: _____

Comments about your child's experience at their previous school:

Custodial Parents: _____

Custody Documentation (optional): _____

Parent-Primary Relations (Household One)

(Please refer to page 4 to list another primary relation in a separate household.)

Member One:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Work Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Member Two:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Work Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Household One Address: _____

City: _____ State: _____ Zip: _____

Yes No

BHPS has permission to publish the above information (name, email address, phone number) in the Student Directory to be distributed to current BHPS families only.

Yes No

BHPS has permission to post my child's name and/or picture on the school's website to acknowledge awards and/or accomplishments.

Yes No

BHPS has permission to use my child's picture/video to be used for advertising purposes, on the school website, or on social networking sites.

Signature: _____

Student Family Records (Cont).

Parent-Primary Relations (Household Two)

(Only use this form if the child resides in more than one household.)

Member One:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Work Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Member Two:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Work Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Household Two Address: _____

City: _____ State: _____ Zip: _____

Yes No BHPS has permission to publish the above information (name, email address, phone number) in the Student Directory distributed to current BHPS families only.

Yes No BHPS has permission to post my child's name and/or picture on the school's website to acknowledge awards and/or accomplishments.

Yes No BHPS has permission to use my child's picture/video to be used for advertising purposes, on the school website, or social networking sites.

Signature _____

Emergency Contact Records

(Other than Primary)

Contact Number One

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup

Emergency Contact

Contact Number Two

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup

Emergency Contact

Contact Number Three

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup

Emergency Contact

Contact Number Four

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup

Emergency Contact

Physicians

Doctor

Name: _____

Phone: _____

Dentist

Name: _____

Phone: _____

Insurance Company: _____

Insurance Policy Number: _____

Medical Information

Medical History (Please list any surgeries and existing medical conditions that BHPS should be aware of. All medical conditions that require specific medication and/or attention by teachers and/or staff need to be documented by a physician and provided to the school.)

Date	Type	Description	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies (Seasonal and Medical)

Type	Description	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following documents must be furnished prior to your child attending the first day of school:

- **Copy of birth certificate**
- **VPK Certificate from Early Learning Coalition** *This is only needed if your child is participating in the Voluntary Pre-Kindergarten program.*
- **Original Florida Certificate of Immunization** *This is issued by your child's doctor or the Health Department (DH 680). Please check the expiration date to insure that it has not expired.*
- **Original Florida School Entry Health Form** *This is issued by your child's doctor or the Health Department (DH 340). The date of your child's last physical must be within one year of enrollment.*

Discipline Policy and Agreement

It is our belief that discipline lies within the individual and children must learn to govern themselves according to the rules of their environment. To maintain order within the school and create a positive learning environment, a few simple regulations are enforced. Classroom specific rules are sent home when school starts. We believe parents and/or guardians need to work in conjunction with the school to ensure that their child(ren) understand and observe all school rules.

Betton Hills Preparatory School uses a corrective discipline system. We do not condone or allow corporal punishment of any kind. All students are treated with respect and in turn expected to respect one another and all adult members of the school community and property. In order to grow in their self discipline, children are guided, encouraged, rewarded, and corrected. Consequences for inappropriate behavior will be dealt with in a manner consistent with the age of the student.

Children who attend Betton Hills Preparatory School will not be subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

Our discipline policy has three levels:

Level One: The first and most important person in behavior control at school is the teacher. The teacher will handle most rule infractions at this level, and will apply appropriate consequences as needed.

Level Two: When a student does not appropriately modify behavior, he/she will be referred to the office. Parents will be sent a notice from the teacher and/or office personnel and a signature from the parent/guardian may be required.

Level Three: If a problem continues, the student will again be referred to the office. Parents will be notified by telephone and in writing from the teacher and/or office. A conference with parents, teacher, and director/principal will be required. Suspension or other corrective action is possible at this level.

There are instances of extreme or serious behavior in which one or more of the levels of the discipline policy may be by-passed, and suspension or expulsion is assigned as the first consequence. These instances include physical fighting, biting, violent acts, inappropriate language, stealing, threats, possession or use of alcohol or drugs, destruction of school property, and possession of any object that may be deemed a weapon. If notified and requested by the school, a parent must pick up the student immediately.

I have read and I accept the Discipline Policy of Betton Hills Preparatory School for my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

(Second signature required in cases of joint custody)

Date

Drop Off/ Pick Up Safety Rules

1. Do not leave engine running when you leave your car. This is extremely dangerous!
 2. Do not leave children, pets or valuables unattended in your car or in the parking lot.
 3. You must supervise your child when arriving and leaving the school building and in the parking lot.
 4. Do not park in the driving lane, this will block traffic. Park in a designated parking space only.
 5. At drop off/ pick up, do not exit your car while in the driving lane!! It is dangerous and slows down the process.
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I have read and I accept the Drop Off/Pick Up Safety Rules of Betton Hills Preparatory School.

Parent/ Guardian Signature

Date

Parent/Guardian Signature

Date

HANDBOOK RECEIPT

NOTICE OF RECEIPT

I have read and understand the policies, rules and obligations of the Handbook for Students and Parents. I agree to support and assist BHPS and individual teachers when possible.

Student Name/Signature: _____

Parent/Guardian Signature: _____

BHPS SCREENING PERMISSION

BHPS SCREENING PERMISSION FORM

We invite you and your child to take part in the optional developmental screening program offered through Betton Hills Preparatory School. Participation in the developmental screening program is voluntary, and you have the right to choose not to participate without affecting your child care services. We encourage you to participate in the program because early detection of developmental delays is critical to ensuring that your child will be ready for school. Should the screening detect any concerns or delays, we will consult with you immediately to discuss any further assessment or referrals for additional services.

____ I give permission for my child to take part in the early childhood developmental screening program at Betton Hills Preparatory School using the Ages and Stages Questionnaire.

____ I do not give my permission for my child to take part in the early childhood developmental screening program.

Signature of Parent/Guardian

BHPS VPK ASSESSMENT PERMISSION

BETTON HILLS PREPARATORY SCHOOL VPK ASSESSMENT PERMISSION FORM

I give my permission for Betton Hills Preparatory School to administer the Florida Voluntary PreKindergarten Assessment by the Florida Department of Education.

I do not give my permission for Betton Hills Preparatory School to administer the Florida Voluntary PreKindergarten Assessment by the Florida Department of Education.

The VPK Assessment is not applicable to my child. (PK3, K, and 1)

Parent/Guardian Signature: _____

NOTICE OF RECEIPT

By signature below, you acknowledge receipt of the following information pertaining to our program:

- Know Your Child Care Facility Brochure
- Gold Seal Quality Care Program Brochure
- Department of Children and Family Medical Information Page
- Influenza Virus Brochure

Parent/Guardian Signature: _____

BHPS STUDENT INFORMATION CARD 2012-2013

Student's Last Name: _____ First Name: _____ Date of Birth: _____
Primary Mailing Address: _____ City _____ State _____ Zip _____

Mother's Name: _____ & Address: _____ City/State/Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail: _____

Father's Name: _____ & Address: _____ City/State/Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail: _____

Custodial Parents: _____
Emergency Contacts (other than parents): 1. _____ Phone #: _____
2. _____ Phone #: _____

Authorized Pick-up: _____

In case of fever, headache, bug bite, or sand in the eyes, the staff or teacher may _____, may not _____ give Children's Tylenol/Ibuprofen, topical, or oral Benadryl or wash the eyes out with eye wash solution.

Allergies: _____

Current Medications: _____