

(Office Use Only)

Student Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

# Betton Hills Preparatory School

## Registration Packet





# Student Records

Date: \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

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.**

## Mother:

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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pickup  Emergency Contact  Legal Guardian

## Father:

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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pickup  Emergency Contact  Legal Guardian

## *Student Records (continued)*

Yes      No  
        BHPs has permission to publish the 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:** \_\_\_\_\_

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Religious Affiliation: \_\_\_\_\_

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

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**Last School Attended:** \_\_\_\_\_

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

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**Custodial Parents:** \_\_\_\_\_

**Custody Documentation (optional):** \_\_\_\_\_

# *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

# Medical Information

## 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.

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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.

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Parent/ Guardian Signature

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Date

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Parent/Guardian Signature

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Date

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# *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:** \_\_\_\_\_

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## *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
- Influenza Virus Brochure
- Distracted Adult Flyer

**Parent/Guardian Signature:** \_\_\_\_\_