



ENROLLMENT APPLICATION 2023-2024

BETHANY CHRISTIAN ACADEMY

2603 Brookdale Drive

Brooklyn Park, MN 55444

Phone: (763)-717-8928

Email: academymanager@bcamn.org

Website: www.bcamn.org

FAMILY Last Name _____

Non-member

Member of Bethany Church

Re-Enrollment

New Enrollment

** One application per family. Please print clearly.*

FATHER Information: Faculty: yes no

LAST Name: _____

FIRST Name: _____

CELL Phone #: _____

E-mail: _____

MOTHER Information: Faculty: yes no

LAST Name: _____

FIRST Name: _____

CELL Phone #: _____

E-mail: _____

Grade	Tuition (Annual/Monthly)	*Book Fee Due by June 10th	*Equipment Fee	*Maintenance Fee	*Registration \$100
K4 – K5	\$4,910/\$491mo	\$200	\$130.00	\$200.00	\$50 off if registered by May 7 th
1 st – 5 th	\$5,150/\$515mo	\$225	One-time fee for each <i>new</i> student	One-time fee per family per year	\$25 off if registered by May 29 th
6 th – 8 th	\$5,440/\$544mo	\$250			
9 th – 12 th	\$5,540/\$554mo	\$300			
<i>*Registration and annual fees are non-refundable.</i>					
			<i>*Due by first day of school.</i>	<i>*Due by the end of first quarter.</i>	

HOME Information:

Address: _____ City: _____ State: _____ Zip: _____

STUDENT Information:

	FIRST Name	LAST Name	Date of Birth	M/F	New or Returning	Grade in 2023-24	PE T-Shirt size Youth: XS, S, M, L, XL Adult: S, M, L, XL
1							Y: A:
2							Y: A:
3							Y: A:
4							Y: A:
5							Y: A:

EMERGENCY contact/pick up permission (for additional contact, please attach a separate sheet of paper):

First/Last Name	Phone	Relationship to child	Pick up permission? Yes/No

Discounts and payment options may not exceed 25% in total assistance. Other annual fees will be applied without discount.

TUITION DISCOUNTS: Church Membership Discount: Active members of Bethany Slavic Baptist Church, since tithing to the church where BCA is located, get the annual discount of \$500 per child, upon verification.

Multi-Family Discount: 1st - the oldest child 0% 2nd to the oldest child 5% 3rd to the oldest child 10% 4th to the oldest child and following children 100%

Payment Options: Annual Payment 5% Semester Payment 2% Quarterly Monthly (10 payments on the 20th of each month, Aug-May) **Monthly-Auto Pay ONLY.**

In order to secure the annual discount, the amount should be paid within 15 days of the agreement confirmation; Semester payments should be paid by August 20th & February 20th; Quarterly payments should be paid by August 20th, November 20th, February 20th, and May 20th. **If the payment is not received by the due date, the discount will be removed.*

ENROLLMENT PROCESS: Upon submitting the registration application to the BCA office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation. Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.

PARENT AGREEMENT (Both parents/guardians, please initial):

- _____ 1. We read and agree with BCA statement of faith, as stated in the Parent-Student Handbook and with established policies and guidelines.
- _____ 2. We will faithfully support the school through our prayers and positive attitude, and share any complaints, questionable or negative comments, with the designated people (ParentConnect team or administration), and **NOT** anyone else.
- _____ 3. We understand that parents' failure to comply with the established BCA policies and discipline and lacking parental commitment (including but not limited to bringing children to required school performances, attending school events, participating in school fundraisers, and financial obligations) will forfeit the student's privilege to attend BCA school.
- _____ 4. We understand that we need to have our own medical and major accident insurance in case of an emergency during school hours at the church facility and school related events. We give permission to the school authorities, in case of an emergency, to obtain medical treatment for our child in our absence.
- _____ 5. We understand that BCA is a tuition driven school and so requires each family's involvement through completion of **30 service hours/family/year** (for single parent home 15hrs/yr.). In the case of service hours' incompleteness, we agree to pay off the remaining hours at **\$10/hr.**
- _____ 6. **We understand that withdrawal penalty (20% during I-sem. and 10% during II-sem.) will apply for any withdrawal reasons and school records will be on hold until all accounts are settled, and materials returned. We understand that withdrawal during the school year might surface unnecessary complications when transitioning from school to school.**
- _____ 7. We understand that a one-time change of our tuition contract is permissible within a two-week window, and for other requests a \$25 fee is applicable.
- _____ 8. We understand that it is our responsibility to contact the BCA office regarding any changes to contact (phone/email) and/or address information.

SCHOOL EVENT PERMISSION (please initial):

_____ I hereby certify that my child has permission to participate in BCA field trips and other related school events that are part of the school curriculum.

_____ I hereby grant permission for BCA school to photograph/videotape my son/daughter for the school yearbook, publications, school Facebook, and/or website.

CHURCH AFFILIATION: _____ Pastor's Full Name: _____ Phone: _____

Years of membership _____ Church Attendance: Weekly Occasionally Other (please explain) _____

Church Participation: _____ Children participate in: Sunday School Teens Choir Other: _____

Parent 1 Signature: _____ Date: _____ Parent 2 Signature: _____ Date: _____

BCA OFFICE USE ONLY: Application received by: _____ Date: _____

Registration Annual/Book Fee Payment Auth. Total payment received: \$ _____ cash check # _____

All signatures Immunizations (K5,1,6, & New ONLY) Payment Auth. Other forms yes/no

Enter Your Information Here:

Full Name: _____ Address: _____
 Email: _____ Date of Birth: _____
 Address: _____ (DOB) **or** _____
 Phone: _____ Social Security # (SSN): (responsible parent/guardian for payment authorization) _____

OPTION 1 - Recurring Automatic Payment from Checking Account

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)
 Monthly (AUG-MAY)

Use **SAME** bank account on file from prior year
 New Bank account information Depository

Name (first & last): _____
 Bank Name: _____
 ACH Routing #: _____
 Checking Account #: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM

I (we) hereby authorize Bethany Christian Academy, hereinafter called COMPANY, to initiate debit entries to my (our) bank account on the **20th of the month** for the selected payment option. The amount authorized to be transferred will be the amount of the payment plus any past due balance and/or applicable fees. For any changes submitted to the Enrollment Application that affect the amount, the payment amount will also be adjusted.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I understand that thirty (30) days' notice, in writing, to the COMPANY is required if I change banks and/or accounts.

Signature: _____ Date: _____
 (Checking account owner signature required)

OPTION 2 - Recurring Credit Card Payment **(A fee of 3%/transaction will be added to all credit card payments)*

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)

We accept Visa, MasterCard, American Express, and Discover

Card Holder Name (as shown on card): _____
 Card Number: _____
 Expiration Date: ____/____ Security Code: _____
 Address (must be the billing address for the credit card holder): _____
 City: _____ State: _____ Zip: _____

I authorize Bethany Christian Academy to charge my credit card on the **20th** of the month for the selected payment option amount based on the 2023-2024 Enrollment Confirmation.

*** If semester and/or quarterly, this authorization will remain in effect until I notify BCA in writing two weeks prior to the automatic charge that I wish to change and/or discontinue credit card payment option.**

Authorized Signature: _____ Date: _____

OPTION 3 - CHECKS BY MAIL - payment due on the 20th of the month for the selected payment option

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)

Make checks payable to: Bethany Christian Academy

Mail completed form and/or payment to: Bethany Christian Academy, 2603 Brookdale Dr., Brooklyn Park, MN, 55444

Questions about Payment Options? Call BCA Office: (763)-717-8928 or Yelena Yablonskaya: (763)746-6322.