

For office use only.
Payment/date received:

Central Baptist Christian Academy

1606 State Rte. 12 Binghamton, NY 13901

607-648-6210 or Fax 607-648-7652

E-mail: cbca@centraladvantage.org

Registration Form 2024-2025

Registration Fees

Prior to April 19 \$200/student

April 22 to June 13.....\$240/student

After June 13..... \$290/student

All NEW families \$200 per student

APRIL-SEPTEMBER

STUDENT NAME: _____

(Please use a separate form for each student you are registering.)

Date of Birth: _____ Grade Entering: _____

School District where you live: _____

Allergies: _____

HOME INFORMATION:

Parents' Names: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

CHURCH INFORMATION:

Pastor: _____ Church: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

IN CASE OF EMERGENCY:

Father's Employment _____ Phone: _____

Mother's Employment _____ Phone: _____

Relative: _____ Phone: _____

Other: _____ Phone: _____

FINANCIAL INFORMATION:

-All tuition is paid via FACTS Management Company. This is an online tuition payment company. A link to set-up your account can be found on our school website. There are several payment options available.

_____ We will pay in full by September 1st and receive the 2% discount.

If someone other than the parents is financially responsible for this student's education, please identify below:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____

FULL-DAY PRESCHOOL- 4 YEAR OLDS

5 day enrollment or 3 day enrollment options.

Please choose one:

___ **5 day enrollment**

___ **3 day enrollment (Mon. Wed. Fri)**

CONTRACT:

"I hereby officially request that the student named above be enrolled at Central Baptist Christian Academy for the 2024-2025 school year. I will be faithful in honoring my financial obligations to the school."

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

Registration Checklist:

_____ Form completed and signed

_____ Registration fee enclosed

_____ Immunization record for all new students and any updated information for returning students.

_____ A copy of birth certificate submitted for all new students

_____ For all transferring students and those entering **PK, K5, 1,3,5,7,9,11** a physical exam is required

"and all thy children shall be taught of the Lord and great shall be the peace of thy children" Isaiah 54:13