



# R.J. Hendley Christian Community School

## STUDENT REGISTRATION FORM

### STUDENT INFORMATION

Date of Entry \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male ☐ Female ☐ Race \_\_\_\_\_

Last School Attended \_\_\_\_\_ Year \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Greater Bethel Church Member? Yes ☐ No ☐

Does student have any medical problems? Yes ☐ No ☐

If Yes, please explain: \_\_\_\_\_

Is Student on any medication? Yes ☐ No ☐

If Yes, please list. 1. \_\_\_\_\_ 2. \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

#### Mother

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # xxx - xx - \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

#### Father

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # xxx - xx - \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_ Second Language \_\_\_\_\_

Best time to contact: ☐ Daytime Ph.# \_\_\_\_\_ ☐ Evenings Ph.# \_\_\_\_\_



# R.J. Hendley Christian Community School

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship (to child) \_\_\_\_\_ Phone# \_\_\_\_\_

FOR OFFICE USE ONLY

Registration Date \_\_/\_\_/\_\_ Registration Fee \_\_\_\_\_ Books \_\_\_\_\_ Tuition \_\_\_\_\_  
VPK AfterCare \_\_\_\_\_ Child# \_\_\_\_\_ of \_\_\_\_\_ Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
NOTICE OF NONDISCRIMINATION POLICY: The R.J. Hendley Christian Community School will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school.

## EMERGENCY AUTHORIZATION

School Year 20 \_\_\_\_ - 20 \_\_\_\_

STUDENT NAME \_\_\_\_\_

Last

First

Middle

Date of Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone# \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Does student have medical condition(s) that we should be aware of? Yes [ ☐ ] No [ ☐ ]

If yes, please advise: \_\_\_\_\_

I, \_\_\_\_\_ give authorization for medical treatment in the event of serious illness or accident and I am unable to be reached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# R.J. Hendley Christian Community School

As per county regulations, I understand that I must be responsible for my child's daily nutritional and dietary needs.

I must provide food or I can purchase food at school (select all that apply)

BREAKFAST

LUNCH

DINER

SNACK

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF STUDENTS

School Year 2024 -2025

STUDENT'S NAME \_\_\_\_\_

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

Street

City

State

Zip Code

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Child will be transported to and from school by \_\_\_\_\_

Please write mode of transportation

List below the names, telephone numbers, and relationship of the persons you authorize to confer with or remove your child from school. If you want someone not listed to confer with or remove your child from school, you must notify the school staff in person, or by a notarized or witnessed letter signed by you.

NO PHONE AUTHORIZATION WILL BE ACCEPTED WITHOUT A FAXED OR EMAIL COPY OF A LETTER AUTHORIZING US TO RELEASE YOUR CHILD. YOU MUST PROVIDE A PASSWORD. WHAT PASSWORD WILL YOU USE? \_\_\_\_\_

NAMES – AUTHORIZED TO REMOVE YOUR CHILD FROM SCHOOL

RELATIONSHIP

\_\_\_\_\_ Ph. \_\_\_\_\_

\_\_\_\_\_ Ph. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# R.J. Hendley Christian Community School

NAMES – AUTHORIZED TO REMOVE YOUR CHILD FROM SCHOOL

RELATIONSHIP

\_\_\_\_\_ Ph. \_\_\_\_\_

\_\_\_\_\_ Ph. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# R. J. HENDLEY CHRISTIAN COMMUNITY SCHOOL

2800 R.J. Hendley Avenue, Riviera Beach, Florida 33404

Phone (561) 842-1349

## ARTICLES OF COOPERATION FOR R. J. HENDLEY CHRISTIAN COMMUNITY SCHOOL

PARENTS MUST INITIAL EACH SPACE BELOW.

\_\_\_\_\_ It is my understanding that the policy for this school is to make no refunds on registration fees.

\_\_\_\_\_ I understand the tuition is \$9,000, payable upon registration. If full payment is not possible, provision for installment payments will be made on a monthly, bi-weekly, or weekly basis. Holidays and Spring Break are included in the regular tuition fee and must be paid.

\_\_\_\_\_ I understand as long as the child is officially enrolled in the school, tuition will be billed. Billing stops the day I officially withdraw my child.

\_\_\_\_\_ I give R.J. Hendley Christian Community School permission for my child to take part in all school activities, including bus trips, sports activities and school sponsored trips away from the school's premises.

\_\_\_\_\_ 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 instructor and/or other agents of the school to make and enforce classroom regulations consistent with Christian principles and discipline as set forth in the Scriptures.

\_\_\_\_\_ These articles will be in effect for as long as my child(ren) listed (Or others to be enrolled) attend(s) R.J. Hendley Christian Community School whether it be in the pre-school, elementary or middle school.

I understand that should my marital/family status change, it is my responsibility to have a corrected, signed, and dated copy of the Articles of Cooperation on file with the R.J. Hendley Christian Community School.

List Child / Children's Names and Grades

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# R.J. HENDLEY CHRISTIAN COMMUNITY SCHOOL

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Phone (561) 842-1349

## STUDENT FINANCIAL DATA

Date of Entry \_\_\_\_\_ 2024/2025

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

D. O. B. \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade Level \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (Days) \_\_\_\_\_ (Eve) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (Days) \_\_\_\_\_ (Eve) \_\_\_\_\_

### FINANCIAL POLICIES

REGISTRATION FEE \$90.00 (Non-Refundable)

TUITION payments may be made in advance by paying a one-time fee of \$9,000 in August or two payments of \$4,500 in August and January. Otherwise, tuition will be charged at the rate of \$900 monthly, \$460 bi-weekly, or \$23 weekly.

FULL TUITION is charged each week. Monday through Friday, regardless of the number of days the child attends. All holidays and closed school days are included in the tuition payments and must be paid as scheduled.

PAYMENTS must be made in advance on a weekly, bi-weekly, or monthly basis (whichever method is chosen). However, monthly payments are due on the first of the month, with a 3-day grace period. Bi-weekly payments are due every other Monday, (according to your payment schedule) with a 2-day grace period, and weekly payments are due EVERY MONDAY and must be paid no later than Tuesday by 5:00 p.m. A LATE FEE will be charged if payments are not received as outlined in the payment schedule above.

TRANSPORTATION FEES are to be paid in advance on the 1<sup>st</sup> of the month. (See Fee Schedule)

### TUITION PAYMENT PLAN (Please Check One)

\$9000 – One-time Payment \_\_\_\_\_ \$460 – Bi-Weekly (August – May) \_\_\_\_\_

\$4500 – August 16 & January 1 \_\_\_\_\_ \$235 – Weekly (August – May) \_\_\_\_\_

\$ 900 – August – May (10 Payments) \_\_\_\_\_ Scholarship \_\_\_\_\_

RETURNED CHECKS: There will be a \$35.00 service fee for all checks returned for any reason.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, REALIZING THAT FAILURE TO COMPLY MAY RESULT IN SUSPENSION OF MY CHILD/CHILDREN FROM SCHOOL. NON PAYMENT OF TUITION AS SCHEDULED WILL RESULT IN YOUR CHILD/CHILDREN NOT BEING ADMITTED TO CLASS UNTIL YOUR ACCOUNT IS BROUGHT UP TO DATE (TUITION AND LATE FEES).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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Phone (561) 842-1349

## TRANSPORTATION

School Year 2024-2025

Please indicate below the transportation service your child will need, both in the morning and afternoon.

### I. BUS REQUEST

If more than one child in a family is to have bus service, complete separate forms for each child.

Please check all that apply:

Morning Pick-Up ☐

Afternoon Drop-Off ☐

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone (A.M.) \_\_\_\_\_ Phone (P.M.) \_\_\_\_\_

Morning Pick-Up Address

Crossroads & Nearest Corner

\_\_\_\_\_

\_\_\_\_\_

Afternoon Drop-Off Address

Crossroads & Nearest Corner

\_\_\_\_\_

\_\_\_\_\_

### II. PARENT PICK-UP ☐

Please list full name (the student will only be released to the individuals listed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. WALKER ☐

Destination Address \_\_\_\_\_

\_\_\_\_\_