



We are applying for: **an infant** a tumbler a toddler school prep summer

Number of Siblings: 1 2 3 4 5 6 7 8 9 10

Please list their ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please print)

For processing to take place, please ensure that all parts of this application is completed accurately & completely.

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Sex:  Male  Female

Child's Age: \_\_\_\_\_ Date of Birth: DD MM YYYY Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ First Language: \_\_\_\_\_ Language spoken in the home: \_\_\_\_\_

Circle all that apply: Father is Deceased Mother is Deceased Parents Divorced Parents Separated

Father Remarried Parents Separated Mother Remarried Parents never married

Child lives with: Mother Father Both Parents Grandparents Guardian

### bathroom habits

Is the child able to advise his or her wish to use the bathroom? Yes No

What word is used for Urination? \_\_\_\_\_

What word is used for a bowel movement? \_\_\_\_\_

Does your child have regular accidents? Yes No

Does your child need help with toileting? Yes No

Does your child wet his or her bed at night or at nap time? Yes No

Is your child potty trained? Yes No

### previous education

Please provide the name of the school your child currently attends or previously attended:

\_\_\_\_\_

The year they started at this school: \_\_\_\_\_

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

**Other schools attended in the last 3 years:**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Why are you looking to remove your child from the aforementioned school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When would you like your child to begin attending Bluebrook Academy?

Immediately

January

September

How did you learn of Bluebrook?

Facebook

Friend / Family Member

Other: \_\_\_\_\_

Please note that Bluebrook Academy reserves the right to refuse any child should we feel the institution is not the right fit for the child or family.

## family information

### mother's information

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

### father's information

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

## billing information

To whom should monthly / termly bills be sent? \_\_\_\_\_

Phone for the bill recipient: \_\_\_\_\_

Email address for the bill recipient: \_\_\_\_\_

## emergency contact information

In the event of an emergency, in which case neither parent can be reached, the following persons are authorized to function as guardians of my child and may be notified of the emergency. They also serve as authorized persons for pick up. Please list contacts in the order that you would like contact to be made.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone(2): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone(2): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone(2): \_\_\_\_\_

## agree and declare

As a parent of any child enrolled here at **Bluebrook Academy**, you understand that with or without a signature applied to this document, by the mere act of enrollment and day to day drop off and pick up, you agree to not only comply with the rules of our school but to ensure that your child also complies with those rules.

You further understand that the completion of this document is necessary for proper record keeping on every child and to allow us as an institution to respond to emergencies that may involve your child within a manner that is in alignment with their unique needs and with swift action. The completion of this document therefore is a requirement to the enrollment of your child in any Bluebrook Academy program, be it our afterschool programs, our regular 8am to 3pm curriculum, our extra curricular or summer programs.

Bluebrook Academy is a Christian School and therefore is guided exclusively by Christian principles.

You understand that Bluebrook Academy fees are non-refundable and are also non-transferrable between Bluebrook products.

You understand that Bluebrook Academy does not assume credit for any reason, be it sick days taken, vacation days, book fees, uniforms, breakfast or lunch program, nor the withdrawal of your child from a Bluebrook School program. All Fees and Tuition payments are final.

Tuition payments are required by the term and is due on the

18<sup>th</sup> of March , 18<sup>th</sup> of August , and the 18<sup>th</sup> of November

Those that have applied for financial aid and are on our Monthly Payment Arrangements,

Payments are due on the 15<sup>th</sup> monthly.

Bluebrook provides a 3 day grace period for regular school fees, after which a late fee of \$20 per day is applied to your child's account. This is the only notice regarding late fees that you will receive, as they are automatically applied to your account.

All of the aforementioned payments are advance payments and therefore failure to make a payment will prohibit your child from being permitted to class .

You hereby understand that whether your child is sick or absent from school, as long as they have been enrolled, you are required to pay school tuition for the entire school year. Your signature acknowledges that Bluebrook Academy takes every precaution to ensure the safety and well-being of all students. While the school cannot be held responsible for minor injuries or sicknesses that may occur during school hours or field trips, please be assured that in the event of a serious injury found to be a result of negligence or error on the part of the school, we will review the circumstances and take appropriate action, including covering related medical expenses if necessary.

I have read the general conditions of enrollment outlined above and agree to the same. If I decide to withdraw my child from Bluebrook Academy, prior to graduation, I agree to provide one full term's notice in writing or if I fail to provide the required notice, I agree to pay a full term's fees in lieu of a failure to notify.

I understand that I will not receive any student records until written notice is provided and payment made. (The notice period does not include July & August)

This application, when signed, constitutes a contract, subject to the laws of the Commonwealth of The Bahamas. I understand that intentionally providing incorrect information can lead to the termination of this contract and the enrollment of my child at Bluebrook Academy.

Full Name of Student: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Signature Of Parent/Guardian: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Please note that Bluebrook Academy **does not accept partial applications**.  
Note also that your application cannot be processed without the items listed below.  
All of the forms mentioned below may be found on our website under **enrollment forms**.

### for official use only:

- Completed Enrollment Application Form
- Copy of the child's Birth Certificate
- A copy of the photo page of the child's Passport
- Copy of NIB Card
- A copy of the child's immunization records.
- A Passport Photo of the child (attached to the top of this application)
- A completed Covid19 Declaration Form
- A completed Minor Release Form
- A completed Insurance Form
- A completed Medical Form
- Proof of payment: Non-Refundable Seat Fee
- Proof of payment: Non-Refundable Registration Fee
- Proof of payment: Monthly / Termly Tuition
- Parent/s met with the School's Director.
- Has purchased at least 2 uniform sets for the child.

Decision of the **Principal and Administrative Team**:

- Accept
- Accept pending admission Test
- Accept on 3month Probation
- Add to Waiting List for January
- Add to Waiting List for September
- Decline Reason: \_\_\_\_\_

Testing not applicable:	Yes	No
Assessment Testing Date Agreed To:	_____	
Notes:	_____	
	_____	
	_____	
	_____	
Today's Date:	_____	
Director's Signature:	_____	