



Enrollment Packet Checklist

☐ Registration Fees

Registration Fees

Administration Fee

Book Fee

Tuition

☐ Enrollment Form

☐ Statement of Cooperation (both parents must sign)

☐ Student Health Update Form

☐ Pick-up Authorization Form

☐ Records Request Form

☐ Copy of Birth Certificate & Social Security Card

☐ Immunization Records (Blue Card)

☐ Teacher's Information Form

☐ PS1 Form (Kindergarten Only)

☐ This checklist, check-marked, signed, and dated

Because it is vital that we receive a **complete** enrollment packet for your student we have included this checklist to assist you in the organization of your packet. Before you deliver your completed enrollment packet to us, please verify that **every** item below is included in your packet and has been filled out completely.

Your enrollment for the 2020-2021 school year will be accepted when we receive your completed packet. Your cooperation with this is much appreciated.

Place a check mark next to each item once you verify that you have completed, signed, and dated all forms and have included all of the items in your child's enrollment packet.

By signing this document, I agree that all information on these forms is true and accurate, and that I have included all requested documents.

Parent/Guardian Signature

Date

Administration Signature

Date



OPEN DOOR CHRISTIAN SCHOOL Enrollment Forms

20774 County Road 12 S, Foley, AL 36535 • (251) 943-1693 • opendoor@gulftel.com

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Social Security: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Grade: _____

Gender: ☐ Male ☐ Female Ethnicity: _____

Emergency Contacts:

Responsible adult if parents cannot be contacted:

Name: _____

Relation: _____ Phone: _____

Doctor: _____ Phone: _____

Father's Name: _____ Employer: _____ Work: _____

Father's Email: _____ Cell: _____

Mother's Name: _____ Employer: _____ Work: _____

Mother's Email: _____ Cell: _____

If the parents are separated or divorced, with whom does the student live? _____

Name of person responsible for paying the bill: _____

Address where the bill is to be sent: _____

School attended last year: _____

Has your child ever been under the supervision of a parole officer or under the custody of a juvenile court or any other court?

☐ Yes ☐ No

Has your child ever had a police report? ☐ Yes ☐ No If yes, give dates: _____

I assume all financial responsibility for my child's tuition and fees at Open Door Christian School and I understand the following:

1. All accounts must be kept current, and no student may attend classes if account is more than 15 days in arrears.
2. A \$30.00 per student late fee will be added to my account if it is delinquent after the 10th of the month.
3. Book fees are due July 1st, and the first tuition payment is due August 1st and must be paid before the first day of school.
4. Report cards and other school records will be held until all accounts are paid in full.
5. The policy of Open Door Christian School is to make no refunds on registration, books fees, or current tuition.

The policy at Open Door Christian School is to make NO REFUNDS ON TUITION OR FEES after due dates.

In making application for my child, I desire to have him/her complete his school year at ODCS. I also give permission for my child to take part in all activities of Open Door Christian School. I further agree to indemnify and hold Open Door Christian School harmless for any and all liability that may result from my child attending or participating in all activities of Open Door Christian School. I believe that discipline is necessary for the welfare of each student. I give Open Door Christian School permission for my child's teacher and/or school representative to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in our handbook. I hereby grant permission for Open Door Christian School to use my child's photograph and/or video recorded image for purpose of marketing or promotion.

Parent/Guardian Signature: _____ Date: _____



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School History

School attended last year: _____ City: _____ State: _____

Reason for leaving: _____

List any grades that the child has repeated: _____

Please circle if the applicant has experienced any of the following:

- | | | |
|-----|----|--|
| YES | NO | Disciplinary problems such as office referral, suspension, or expulsion? |
| YES | NO | Has been arrested/petitioned and/or placed on court ordered probation? |
| YES | NO | Has been evaluated for special needs or recommended for, or received any special educational services? |
| YES | NO | Has engaged in any type of sexual activity, drug use, tobacco use, or alcohol consumption? |

If you circled **YES** for any of the above, please explain: _____

Church Information

Present Church: _____ Pastor's Name: _____

Church Address: _____ Church Phone: _____

Statement of Cooperation and Waiver of Liability

I recognize that attendance at Open Door Christian School is a privilege and not a right. Parents are expected to cooperate with and support the Christian School and its teachers in the education and discipline of their child(ren) both in the classroom and during other school related activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Christian School. I give permission for my child's teacher and/ or other agent of the Christian School to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Christian School if they do not conform to the standards and way of life at the Christian School. The Christian School reserves the right to withdraw a student at any time that the student, in the opinion of and sole discretion of the Christian School, does not conform to the spirit of the Christian School.

In the event that a Open Door Christian School photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videos, or other publications of Open Door Christian School or its affiliates.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), gymnasium activities, bus trips, sports activities on the premises of Open Door Christian School, Christian School-sponsored trips away from the premises. I indemnify and hold Open Door Christian School and Open Door Baptist Church, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in the above mentioned activities. I understand that Open Door Christian School and its affiliates does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should any of the information from any enrollment forms change, it is my responsibility to have a corrected form signed and updated and delivered to Open Door Christian School.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed attends Open Door Christian School, whether it be in the pre-kindergarten, kindergarten, elementary, junior-senior high, or summer school. Any reference herein to "child" shall include the student listed below.

Student being enrolled: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____



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2020-2021 Student Health Update

Child's Name: _____ Grade: _____ Gender: _____

Does the child wear glasses or contacts? _____ If yes, how often? _____

Does the child have physical hearing impairments? _____ If yes, does the child have a hearing aid? _____

Known allergies: _____

Food restrictions: _____

Other health related restrictions: _____

Current doctor-prescribed medications taken on a regular basis and for what cause: _____

Most common re-occurring medical ailment/issues your child deals with during the year: _____

If your child has had any of the following illnesses, please indicate the year(s) they occurred.

Diphtheria _____ Mumps _____ Rheumatic Fever _____ Scarlet Fever _____

Ear Infection _____ Diabetes _____ Whooping Cough _____ Pneumonia _____

Red Measles _____ Asthma _____ German Measles _____ Chicken Pox _____

Tuberculosis _____ Other _____

Medical History (if yes, please explain)

Any hospitalizations? _____

Any surgeries? _____

Any broken bones? _____

Any psychological/psychiatric counseling? _____

Date and nature of last illness: _____

Date of last physical/well child visit: _____

Any other medical, well-being, or health-related issues that you would like us to know in order to better care for your child: (please include any learning/other disorder or disability) _____

Doctor to call in case of emergency? _____ Phone #: _____

Dentist to call in case of emergency? _____ Phone#: _____

I certify that the above history is complete to the best of my knowledge. I give the School permission to call the above named physician and dentist in case of emergency when I, the parent/guardian, cannot first be reached. I also give the School permission to first call 911 in the event of serious emergency as attempts are made to contact me.

Parent/Guardian Signature: _____ Date: _____



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Pick-up Authorization Form

2020-2021

Student Name: _____

(one authorization form per student)

Parent/Guardian

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Additional Authorized Persons

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

All authorized persons picking up a student at Open Door Christian School may be required to show a photo identification.

The persons listed above are all authorized to pickup my child from Open Door Christian School.

Signature of Parent or Guardian

Date



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Records Transfer Request

Previous School

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please send all student records including report cards, standardized test scores, and complete transcripts for:

Student Name: _____ Date of Birth: _____

This student attended grade _____ at your school during the _____ - _____ school year.

Send to:

Open Door Christian School
20774 County Road 12 South
Foley, AL 36535
Phone: (251) 943-1693
Fax: (251) 943-3454
Email: opendoor@gulftel.com