Ballard Christian School "BCS Co-op"

2024-2025 Class Registration *Please use one form /child*

Forms may be returned by email/scan to: ballardschool@worcom.com or mailed to: Ballard Christian School, 2415 Moores Mill Rd., Suite 265-205, Auburn, Al 36830

Student's Name		Preferred name to b	e called
Student's age S	tudent's birthdate	Student's grade(as of 8/1)	
Student's address			
Parent's names(s)			
Parent's email most often	used (Please Print)		
Parent's phone numbers: I	Иот:	Dad:	
Student's siblings/ages			
Family Cover School			
Name of your church		Pastor's Name	
Emergency contact if pare	nt(s) cannot be reached: Nam	ne/relationship:	Phone#
	ld may have in regard to scho ty, etc.)	ool/learning, physical disability, medical	conditions, cognitive (ADD
List your child's hobbies/ _			
List anything that your child	d may be fearful of		
	•	et and understand all the information of the have discussed the Student Conduct w	_
Parent's Signature		Date:	
Student's Signature	Date:		
(current year parents only) printed material. Parents w	, a BCS yearly scrapbook. No vill only be allowed to tag their	or posting on our private, closed group o child's name will be published or tagg child on any postings. Please indicate e of us taking photos of your child(ren)	ed on social media or by signing your name next
Approve	Do Not Approve	Date: _	
Please check the opportur	ities for parent participation a	t BCS that interest you.	
Be a prayer	warrior for our students and to	eachers Help host parties	Christmas
Be a substit	ute teacher		Valentine's
			End-of-Year
Please list the names (and	relationship) of anyone who r	may pick up your child.	