



APPLICATION FOR ADMISSION TO

Beacon Country Day School

6100 East Belleview
P. O. Box 22126
Denver, Colorado 80222
www.beaconcountrydayschool.com

Application is hereby made for the enrollment of my child _____, as a student at Beacon Country Day School for the year beginning September, 20____, for (check one)

- Preschool
- Junior Kindergarten
- Kindergarten
- Grade _____ (Please specify—incoming as of 20____)

--	--	--	--

Last Name

First Name

Middle

Nickname

Child's Address:

Street _____

Home Phone _____

City _____ Zip Code _____

Email (most commonly used by parents) _____

Date of Birth _____

Month

Day

Year

Age (as of entry date) _____

Date of Entry _____



Step Parent Information:

Last Name, First Name, Middle I.

Address: Check if same as child's

Street Home Phone

City Zip Code Cell Phone

Sibling Information:

NAME DOB AGE GENDER SCHOOL GRADE

I (We) understand the obligation to pay the tuition and fees for the academic year is unconditional, so that no portion of such tuition and fees so paid or outstanding will be refunded or cancelled notwithstanding the subsequent absence, withdrawal, or dismissal of the student from Beacon Country Day School. It is understood that the selection and admission of the student reserves that place for the Full Academic Year. In the event of non-payment of any installment of tuition or fees, the entire balance may be accelerated, and the undersigned agrees to pay costs of collection, including court costs and reasonable attorney fees. In the event of deliberate destruction of materials or property by the student, the parents will be responsible for payment of replacement. Beacon reserves the right to dismiss, suspend, or cancel the student for any reason it deems to be in the best interest of the school, other students, or faculty.

In the event of an accident or sudden illness that this agency's authorities feel requires emergency treatment and I, other persons specific in the application, or the requested physician cannot be reached, do hereby authorize this agency to obtain the necessary medical or hospital care. I further agree to assume the financial obligation incurred for such care. I hereby give blanket permission for field trips for educational purposes, and thus give permission for _____ to leave the school for planned activities, including picnics, swimming, visits to a zoo, etc. I give permission for staff to apply sunscreen to my child's exposed skin prior to outside play if necessary, and give specific directions for application on the back of this form.

Signature of Parent Date

Pictures for publicity: I hereby give permission for my child to be photographed for television, newspapers, and other entertainment media.

Signature of Parent Date

The Emergency Information Form that follows MUST BE COMPLETED IN FULL: ALL INFORMATION MUST BE PROVIDED.

EMERGENCY AND FIELD TRIP INFORMATION AND RELEASE

CHILD'S NAME: _____
 Last First M.I.

FATHER'S NAME: _____ PHONE: _____
 Last, First

MOTHER'S NAME: _____ PHONE: _____
 Last, First

ADDRESS: _____
 Street

 City State Zip

PHYSICIAN: _____ PHONE: _____

ADDRESS: _____ FAX: _____

HOSPITAL: _____ PHONE: _____

ADDRESS: _____ FAX: _____

DENTIST: _____ PHONE: _____

ADDRESS: _____ FAX: _____

FRIEND/RELATIVE: _____ PHONE: _____
(Person Authorized to Pick Up Your Child)

ADDRESS _____ 2nd Phone: _____

FRIEND/RELATIVE: _____ PHONE: _____
(Person Authorized to Pick Up Your Child)

ADDRESS _____ 2nd Phone: _____

1. In the event of an accident or sudden illness that this agency's authorities feel requires emergency treatment and I, other persons specific in the application, or the requested physician cannot be reached, do hereby authorize Beacon Country Day School to obtain the necessary medical or hospital care. I further agree to assume the financial obligation incurred for such care.

2. I hereby give blanket permission for field trips for educational purposes, and thus give permission for _____ to leave the school for planned activities, including picnics, swimming, visits to a zoo, etc.

3. I hereby give permission for staff of Beacon Country Day School to apply sunscreen to my child's exposed skin prior to outside play should this be necessary. I have sent sunscreen with my child, name written on container. **My child is 4 years or older,** and may apply sunscreen to him/her self. Specific instructions for application follow:

4. Payment of tuition and fees for the academic year is unconditional, and no portion of such tuition and fee so paid or outstanding will be refunded or cancelled notwithstanding the subsequent absence, withdrawal, or dismissal of the student from BCDS, student enrollment reserves that place for the full academic year. In the event of non-payment of any installment of tuition or fees, the entire balance may be accelerated and the undersigned agrees to pay cost of collection, including court costs and reasonable attorney's fees. Beacon reserves the right to dismiss, suspend or expel the student for any reason it deems to be in the best interest of the school, other students or faculty

5. Media Release: I hereby give permission for my child to be photographed and/or videoed for television, print, internet, and electronic media. _____

6. I have read the Parent Handbook and policies of BCDS and understand the policies regarding termination or withdrawal of a child from the school.

Parent Signature: _____ Date: _____



MEDICAL STATEMENT REQUEST
FAX: 303-290-6462

BEACON REQUIRES, for each student:

1. A medical statement *and*
2. State of Colorado Immunization Form signed by your physician

PLEASE ATTACH the Immunization form and fill out the information requested below. Beacon will also accept a form from the physician's office in lieu of information below.

Child's Name _____ Date of Birth _____
Last, First

Weight: _____ Height: _____ Sex: _____

Past Illness: Check the appropriate box for illness the child has had and give approximate date:

<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Hay Fever _____
<input type="checkbox"/> Rubella _____	<input type="checkbox"/> Poliomyelitis _____
<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Asthma _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Epilepsy _____
<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Whooping Cough _____
<input type="checkbox"/> Other _____	

**PHYSICAL FINDINGS/SURGERY/ACCIDENTS/ILLNESS/CHRONIC OR SPECIAL PROBLEM/
SPECIAL INSTRUCTIONS/MEDICATIONS:**

If the student requires an EPI PEN, INHALERS, or other treatment at school for chronic health problems, please complete the required forms that are available at school.

Physician's Signature

Date