



Beacon Hill School

7600 N. Davie Road Extension • Hollywood, Florida 33024
(954) 963-2600 • www.beaconhillschool.com

ENROLLMENT APPLICATION

Child #1 Name: First _____ Middle _____ Last _____ Birthdate: _____

Preferred Name: _____ Sex: _____ Grade: _____ S.S. #: _____

Child #2 Name: First _____ Middle _____ Last _____ Birthdate: _____

Preferred Name: _____ Sex: _____ Grade: _____ S.S. #: _____

If you have any additional children, please list them at the bottom of this application.

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Guardian's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Person(s) permitted to remove child: _____

If parents are divorced, who has legal custody? (Please provide legal documentation.) **Mother** **Father**

Emergency Contact People (other than Parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child #1 Physician: _____ Phone: _____

Child #2 Physician: _____ Phone: _____

Child #1 Allergies/Medical Conditions: _____

Child #2 Allergies/Medical Conditions: _____

If you have any additional children, please list them, their physicians and allergies/medical conditions below.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Beacon Hill School (hereinafter referred to as “the School”) has put in place preventative measures to reduce the spread of COVID-19; however the School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further attending the School could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children may be exposed to or infected by COVID-19 by attending the School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, school employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to children or myself (including, but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the School or participation in school programming (hereinafter referred to as “Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless the School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any School program.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Name(s) of School Participant(s)

Initial _____ **Credit Policy: No credit given for any absence.**

Initial _____ **Registration Fee (non-refundable)** must accompany this form.

Initial _____ **Report Cards/Transcripts will not be issued until all accounts are paid in full.**
A late charge of 18% or \$25.00 minimum will be applied to any unpaid balance after 28 days. Person responsible for fees will pay any and all collection and/or attorney fees for any unpaid balance.

Initial _____ **Beacon Hill School has my permission to take my child(ren) on all field trips and use photos for media purposes.**

Initial _____ **The school year is based upon the number of days in session by Beacon Hill School’s Calendar.** Days in session include in-school or distance learning from home or other.

Initial _____ **I have read the Parent/Student Handbook** online at www.beaconhillschool.com

I agree to the above terms and fees: Signature _____ Date: _____
 Signature _____ Date: _____

OFFICE USE ONLY

Lunch Entered Date: _____ By: _____