



BROOKLAKE

CHRISTIAN SCHOOL

Admissions Checklist

So What's Next?

The following checklist is a tool for you to make sure you've got all the right paperwork in all the right places. If you have any questions, please let us know!

- Turned in to the BCS Office
 - Completed Student Application Packet
 - Photocopy of student's birth certificate
 - Copy of Immunization records (can fax from pediatrician to 253-517-8297)
 - Enrollment Fee
 - Evaluation Fee (applies to K-5 students only)

- Starting School
 - Create FACTS account (info will be emailed to you after application has been processed)
 - Check our School Calendar for important dates
 - Purchase supplies from the School Supplies list
 - Create a lunch account in EZ School Apps
 - Bring a smile and say hello to your new friends!



BROOKLAKE

CHRISTIAN SCHOOL

Tuition and Fees 2024-2025

ENROLLMENT FEE

Evaluation (new students only)	Preschool & Pre-Kindergarten	Kindergarten – Grade 5
\$30	\$160	\$265*

Enrollment Fee is due with application at time of enrollment up to \$535 per family

MATERIALS FEE

Half-Day Preschool	All-Day Preschool (M-F)	All-Day Pre-K (M-F)	Kindergarten- Grade 5
\$160	\$220	\$220	\$325

Materials Fee is non-refundable and due August 1st

MONTHLY TUITION

	Half-Day Preschool (M-F A.M.)	All-Day Preschool (M-F)	All-Day Pre-K (M-F)	Kindergarten- Grade 5
1st Child	\$517	\$792	\$893	\$1,038
Add'l Children	\$465	\$713	\$804	\$934

Monthly Payment Plan is 10 equal payments with first payment due by July 1st remaining collected Sept – May.

ANNUAL TUITION

	Half-Day Preschool (M-F A.M.)	All-Day Preschool (M-F)	All-Day Pre-K (M-F)	Kindergarten- Grade 5
1st Child	\$5,166	\$7,913	\$8,926	\$10,374
Add'l Children	\$4649	\$7,122	\$8,033	\$9,337

A 5% tuition discount will be applied if paid in full by August 15th

Payment Options

- **Full Payment:** There is a 5% discount for full payment of the 2024-2025 tuition if received by July 1, 2024 or at time of enrollment.
- **Monthly Automatic Payments:** 10 equal tuition payments will occur on the first of each month from July 1st through May 1st (Materials Fee will occur in place of a tuition payment on August 1st).
- **Ways to Pay:**
 - All tuition payments and the Materials Fee will be billed through our online tuition payment system, FACTS. This tool is used to make automatic withdrawals directly from your bank account or credit/debit card.
 - All other payments such as Enrollment Fee, field trips, after school clubs, lunch orders, etc. can be paid directly at the school office in the form of cash, check, or debit/credit card (all card payments are subject to a 2.75% processing fee).

Incentives and Tuition Assistance

We are happy to offer the following incentives for the 2024-2025 school year.

- **\$250 Tuition Credit when you refer a new family to BCS**
New student must be enrolled for a minimum of 4 months before discount will be applied.
- **50% off Enrollment Fee**
Receive 50% off your enrollment fee when you enroll your student within the first week of the 2024-2025 enrollment period. Jan 30th – Feb 3rd for returning families; Feb 6th - 10th for new families.
- **5% Tuition Discount**
Pay in full by August 15th and receive a 5% tuition discount.

If you are interested in tuition assistance, Brooklake Christian School may be able to help. Please visit www.factsmgt.com and click on 'Parent Resources' then 'Financial Aid.' From here, you can fill out an application for aid and create an account. Financial aid applications are due no later than May 1st, 2024.

Terms and Conditions

- Materials Fee includes the student's use of all textbooks, workbooks, classrooms consumables, etc. All curriculum remains the property of BCS and should be treated with care.
- All tuition payments must be paid through FACTS. A late fee of \$25 will be added for payments received after the 5th of each month. Account balances 30 days past due will result in student withdrawal.
- Enrollment, Materials, and Evaluation Fees are non-refundable and non-transferable.
- All tuition payments are non-refundable and non-transferable.
- If a student is officially withdrawn, monthly tuition payments shall cease, but cannot be prorated.



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Application for Admission 2024-2025

Student Information

Please circle the grade student is applying for:

Half-Day P.S. M-F All-Day P.S. All-Day Pre-K Kindergarten 1st 2nd 3rd 4th 5th

Student Name: _____ Male Female
 Last First Middle

Home Address: _____ Home Phone: () _____
 Street

 City State Zip Code

Mailing Address (if different than above): _____

Birth Date: ____/____/____ **Age on August 31st:** _____ **Birthplace** _____

Is the student a U.S. Citizen? Yes No

Ethnicity: African American Asian/Pacific Is. Caucasian Hispanic Native Indian/Alaskan Other _____

Student Faith Information:

Church Attending / City: _____ Attend Regularly Attend Occasionally

Pastor's Name: _____

School History:
If this is your child's first school experience, please check here:

List all schools previously attended (Including BCS if previously enrolled):

School Name	Mailing Address	Grade(s)	Dates Attended

Reason for withdrawing from present school?

Has your child ever been suspended? Yes No
 Has your child ever been expelled? Yes No
 Has your child ever been asked to withdraw? Yes No
 Has your child ever repeated a grade? Yes No Grade: _____ Date: _____
 Has your child ever been tested for or enrolled in a special program? Yes No
 (gifted, learning, disabled, special needs)

If you answered 'Yes' to any of these questions or if there is any additional information that the school should be aware of in order to effectively meet your child's needs, please give details on a separate sheet of paper.

I heard about Brooklake Christian School through:

Friend Web Advertisement Billboard Radio Church Website Referred by _____

Name of Father / Stepfather / Grandfather / Guardian (circle one)

Last First Middle

Home Address: _____

(If Different Street
than Child's) _____
City State Zip Code

Home Phone: () _____

Work Phone: () _____

Email: _____

Cell Phone: () _____

Include this email in official BCS correspondence? Yes No

Occupation: _____ **Employer:** _____

Marital status: Single Married Divorced Separated Widowed

Name of Mother / Stepmother / Grandmother / Guardian (circle one)

Last First Middle

Home Address: _____

(If Different Street
than Child's) _____
City State Zip Code

Home Phone: () _____

Work Phone: () _____

Email: _____

Cell Phone: () _____

Include this email in official BCS correspondence? Yes No

Occupation: _____ **Employer:** _____

Marital status: Single Married Divorced Separated Widowed

Authorized Pick Up and Emergency Contacts

Please list individuals, **other than parents**, who are authorized to pick up your child from school and/or be contacted in an emergency. Students can only be released to the individuals listed. If more than six contacts are needed, please use a separate sheet of paper.

1) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

2) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

3) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

4) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

5) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

6) Name: _____ Phone () _____ Cell () _____ Relationship to student: _____

Pickup Only Emergency Contact

Additional Information

- Is there an active court order involving your child that affects your child's schooling? Yes No
- Is either parent forbidden by court order from having equal access to the child or school records? Yes No
- Is there an active restraining order involving your child? Yes No
- Is there an active parenting plan involving your child? Yes No
- Does your child have more than one residence? (If yes, please enter information below) Yes No

If you answered 'Yes' to any of these questions or if there is any additional information that the school should be aware of in order to effectively meet your family's needs, please provide BCS with a copy of legal documents pertaining to parenting plans, restraining orders, or other court orders regarding your child.

If your child has more than one residence, please indicate the primary residence for official correspondence.
(check option that corresponds with address above):

- Mother/Stepmother/Grandmother/Guardian Father/Stepfather/Grandfather/Guardian

Upon Receipt of Application:

I understand that Brooklake Christian School will use the information in this application to acquire a complete transcript of academic performance, special placement, certificate of immunization, records of disciplinary action, and history of violent behavior for the applying student. Per Washington State Law (RCW28A.225.330), full disclosure of these records is required within two business days of the request. The student will not be enrolled until this information has been received and reviewed.

Parent/Guardian Signature _____

Date: _____



Parental Agreement

Student's Name: _____ Grade: _____

- Parental Philosophy:** I/We understand the Mission and Statement of Faith of Brooklake Christian School. By signing this Parental Agreement, I/we pledge full and consistent support and cooperation with the school concerning all policies and requests in a timely manner. Additionally, I/we agree to support and cooperate with all BCS administrators, teachers, and all staff members regarding policies and/or decisions.
Initials: _____ Initials: _____
- Parental Involvement:** I/We understand that the philosophy of the school cannot be fulfilled without parental involvement. Involvement includes but is not limited to participation in fundraising activities, attendance at school functions and parent meetings, reading information sent home from the school, and communicating directly and respectfully with our child's teacher(s). I/We agree to bring and pick up our child on time according to their class schedule (and pay all extended day expenses that are charged). I/We will encourage, support, and help our child with homework, memorization, projects, and good study habits.
Initials: _____ Initials: _____
- Discipline and Conduct:** Brooklake Christian School believes that discipline is necessary for the benefit of each student as well as the entire school, and I/we give permission to the teachers, administrators, and all staff members to make and enforce school regulations in accordance with applicable Washington State Laws and in a manner consistent with Christian principles and discipline as set forth in Scripture (Proverbs 13:24; 22:6; 29:15 & 17; Colossians 3:20; Hebrews 12:6). I/We agree that I/we will support the school's discipline efforts, rules, and consequences, and require our child to comply with all school regulations with a respectful attitude. I/We understand that our student may be sent home during the school day, not be allowed to return to school for a period of time, and/or be withdrawn from BCS due to inappropriate conduct, words, and/or negative attitudes. I/We further agree to require our child to show respect for those in authority at school at all times.
Initials: _____ Initials: _____
- Damages:** I/We will pay for any damages caused by our child in a prompt manner.
Initials: _____ Initials: _____
- Activities:** I/We give permission for our child to take part in all school activities, including school-sponsored trips away from school premises, riding on the school bus and/or in vehicles with volunteer drivers.
Initials: _____ Initials: _____
- Liability:** I/We release Brooklake Christian School from all liability while our child is under school care and responsibility.
Initials: _____ Initials: _____
- Placement:** While the school strives to work with the parents on class placement, I/we understand that the school has full discretion in the class placement of our child.
Initials: _____ Initials: _____
- Grievance:** I/We pledge our loyalty to the mission of the school and will bring any and all questions and concerns directly to the teacher (if a classroom issue) first before contacting the administration. I/We will endeavor to communicate any grievances honestly and directly to those involved following the principles in Matthew 18:15-17.
Initials: _____ Initials: _____

9. **School Health Policy:** I/We understand that in the event our child becomes ill or sustains an injury that is of an emergency nature while in the care of Brooklake Christian School, 911 will be called and the child will be transported to the nearest hospital for care if necessary. If the illness or injury is of a less serious nature, BCS personnel will evaluate, treat if necessary, and notify the parent. No medications will be given without permission from a parent/guardian. I/We understand that all medication brought to the school must be in the original labeled container. If prescription medication is to be administered by BCS personnel, a form will need to be filled out and signed by the parent and doctor. I/We give permission for BCS staff to administer first aid, CPR, and/or the use of the AED, as deemed necessary. I/We understand that it is our responsibility as parents to ensure that needed medications are given to the classroom teacher for off campus activities. I/We understand that standard immunizations are required for attendance at Brooklake Christian School unless there is a documented medical need for immunization exemption. I/We understand that no other types of exemptions will be admitted.
Initials: _____ **Initials:** _____

10. **Financial Agreement:** I/We agree to fulfill all financial obligations in a prompt and responsible manner. I/We understand that tuition payments are due by the 1st of each month beginning in July 2024. Payment after the 5th of the month will result in a \$25.00 late fee. I/We understand that if our account is past due more than 30 days my/our child(ren) will be withdrawn. I/We also agree to pay the materials fee by August 1, 2024. Materials fee payment after August 5 will result in a \$25.00 late fee. Extended Day charges and all other account payments that are past the due date will result in a \$25.00 late fee. I/We understand that report cards and transcripts will be withheld unless financial obligations have been met in full. I/We also understand that if our account is not current, fees received for lunch and/or activities may be applied to any outstanding balance before it will be applied to a lunch and/or activity fee. I/We understand that Brooklake Christian School may employ the use of a collection agency should the school deem such action necessary. I/ We agree to make all account payments through FACTS, unless asked by school personnel to pay an expense directly to the school office via check or cash.
Initials: _____ **Initials:** _____

11. **NON-REFUNDABLE/NON-TRANSFERABLE FEES:** I/We understand that all enrollment fees, material fees, tuition, and all other payments are non-refundable and non-transferable. Additionally, should I/we choose to withdraw my/our student(s) at any point during the school year, I/we understand that all tuition that has been paid is non-refundable and cannot be prorated. If a monthly tuition payment plan has been chosen, tuition payments will cease when a signed Withdrawal Form has been submitted to the BCS office.
Initials: _____ **Initials:** _____

12. **Returned Check Fee:** If a check given to the school is returned not paid, I/we understand that I/we will be charged a \$25.00 returned check fee. After a 2nd NSF check is submitted, future payments (such as lunch expenses, field trips, etc.), must be paid in cash.
Initials: _____ **Initials:** _____

13. **Family Information Release:** I/We understand that our names and contact information have been added to the school’s database and I/we may receive school publications, emails, as well as information (letters, phone calls, etc.) regarding BCS. I/We also understand that the names, addresses, and phone numbers of grandparents and other authorized contact and pick up persons listed will be added to the same database. Brooklake Christian School will not release or sell family information to any 3rd party without your permission.
Initials: _____ **Initials:** _____

I/We, as parent(s) of the student named above (on page 1 of this document), do sincerely give our pledge and commitment to the above items. I/We understand that failure of the parents or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations and financial payment requirements (i.e., the use of payments made through FACTS), will forfeit the student’s privilege of attending BCS and result in immediate student withdrawal. Additionally, parent or student conduct and/or words (written or spoken) that are not fully supportive of Brooklake Christian School administration, teachers, and all other staff members will result in immediate student withdrawal. I/We understand that it is our responsibility to communicate respect and honor toward all in the Brooklake Christian School community at all times, including other BCS families.

 Name of Father/Guardian Date

 Name of Mother/Guardian Date

 Signature of Father/Guardian Date

 Signature of Mother /Guardian Date



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Medical Consent

Student Information

Name: _____ Birthdate: _____

Sex: Male Female

Health Insurance Information

(Brooklake Christian School will not be responsible for paying for child's healthcare)

Insurance Company _____ Policy # _____

Policy Holder Name _____

Employer Name _____

Emergency Information

 Doctor's Name Phone Number Preferred Emergency Care Facility

 Dentist's Name Phone Number Preferred Dental Facility

CONSENT FOR HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

I hereby give my permission for my child to be given emergency treatment by Brooklake Christian School.

When I cannot be contacted I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician, healthcare provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by aid car or ambulance to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

I have read the above consent form and understand and agree to its content.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Medical History – This side is confidential information seen only by school administrators.

Date of last physical exam: _____

Does your child have now or previously had any of the following? If YES, explain briefly on line provided.

	NO	YES
Allergies to medication	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/> List: _____ Date of last eye exam: _____
Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Hay fever	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Sinus problems	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Heart abnormality	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Frequent stomach aches	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Frequent constipation	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Frequent diarrhea	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Blood disease	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Frequent nosebleeds	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Diabetes on insulin	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Orthopedic injuries	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Skin problems	<input type="checkbox"/>	<input type="checkbox"/> List: _____
ADD	<input type="checkbox"/>	<input type="checkbox"/> List: _____
ADHD	<input type="checkbox"/>	<input type="checkbox"/> List: _____
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/> List: _____

List any other health problems, physical challenges, or special needs that should be known to better care for and meet his/her needs or which make participation difficult in classroom or physical activity:

List any medications being taken:

Does your child have any allergies that may result in an allergic reaction that we should be aware of?

Allergen _____ Reaction _____

Method of Treatment _____

Allergen _____ Reaction _____

Method of Treatment _____



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Internet User Agreement

STUDENT ACCESS TO NETWORKED INFORMATION RESOURCES

Filtering software is in use on all computers at Brooklake Christian School with access to the Internet. This blocks or filters access to known websites deemed inappropriate in a Christian Elementary educational setting. Educational staff will, to the best of their ability, monitor student use of the Internet in school, and will take reasonable measures to prevent access to inappropriate material on the Internet, and restrict access to materials harmful to students.

Students are responsible for good behavior on school computers just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior apply. The network is provided for students to conduct research and complete assignments. Access to the internet at Brooklake will be provided to students who agree to act in a Christian manner and have been given permission by their parents.

Personal information such as names, addresses, telephone numbers and identifiable photos should remain confidential when using the Internet. No user may disclose, use, or disseminate personal identification information regarding minors. Students encountering information or messages they deem dangerous or inappropriate on the web should notify their teacher or other adult staff immediately. Chat rooms and direct electronic communications (Instant Message services) are not permitted on school computers. Students will not be given e-mail accounts at Brooklake. (Except for the 5th Grade class; for school work only.)

Student use of telecommunications and electronic information resources will be permitted upon submission of the Internet User Permission Form.

Use of the network resources must be for school work purposes. Brooklake Christian School reserves the right to prioritize use and access to the system. No use of the system shall serve to disrupt the use of the system by others; system components including hardware or software shall not be destroyed, modified, or abused in any way. Intentional use of Brooklake computers to develop programs that harass other users or gain unauthorized access to network system and/or damage the components of network system is prohibited. Users are responsible for the appropriateness of any content they create or use on system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited. Such acts constitute a violation of this Acceptable Use Policy and will lead to discipline by school officials.

Access to the Internet will enable students to explore thousands of libraries, databases, and electronic resources. Brooklake believes that the benefits to students from access in the form of information resources and opportunities for collaboration exceed the disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, Brooklake Christian School supports and respects each family's right to decide whether or not to apply for independent access.



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Internet User Permission Form

To use networked resources and Internet access, all students must sign and return this form, and obtain parental permission. The activities listed below are not permitted on ANY computer located at Brooklake Christian School:

- Knowingly accessing inappropriate website material
- Using inappropriate language on any computer in any software
- Giving personal information, such as name, phone number, address or identifiable photo on any website
- Harassing, insulting, or attacking others
- Damaging or modifying computers, computer systems or computer networks including installing ANY programs or changing ANY preferences or settings
- Violating copyright laws or plagiarism of website material
- Trespassing in others' folders, work, or files
- Intentionally wasting limited computer resources
- Employing the network for commercial purposes, financial gain, or fraud
- Searching websites not necessary for school work
- Downloading files or running programs found on web sites unless with teacher permission
- Knowingly pursuing websites allowing viruses, adware, or spyware to infect school computer systems

Violations may result in a loss of access as well as other disciplinary action.

Parent/Guardian Permission:

Students are provided with access to Brooklake Christian School computer resources. In addition to accessing our computer network, as the parent or legal guardian, I grant permission for the below named student to access the Brooklake Christian School network and filtered Internet for educational instructional purposes.

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Student Name

Grade

Parent/Guardian Name

Parent/Guardian Signature

Date



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CHRISTIAN SCHOOL

Photo Release Waiver

Please initial the sections you agree with

I **DO** give Brooklake Christian School permission to use my child's name, photograph, video, audio recordings, likeness, and/or artwork in class newsletters, teacher website, yearbook, bulletin boards, _____ in-school photos, and live streamed school events.

I **DO** give Brooklake Christian School permission to use my child's name, photograph, video, audio recordings, likeness, and/or artwork in future publications, web pages, social media, and other promotional materials produced, used by, and representing Brooklake Christian School and media _____ outlets.

I **DO NOT** give Brooklake Christian School permission to use my child's name, photograph, video, audio recordings, likeness, and/or artwork in future publications, web pages, social media, and other promotional materials produced, used by, and representing Brooklake Christian School and media _____ outlets.

Student Name

Grade

Parent/Guardian Name

Parent/Guardian Signature

Date



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Driver's Liability Release Form

Parent and other volunteer drivers participating in class activities are required to complete a Driver's Application Form each school year. Drivers are required to have driving records reviewed and approved as well as meet the Washington State minimum insurance requirements.

I give Brooklake Christian School permission to transport my student to all field trips and off campus class activities via the BCS school bus or in other vehicles with volunteer drivers. I release Brooklake Christian School from any and all liability involving off campus class activities.

Student Name

Grade

Parent/Guardian Name

Parent/Guardian Signature

Date



BROOKLAKE
 CHRISTIAN SCHOOL
 Transcript Request

629 S. 356th Street
 Federal Way, WA 98003

Phone: 253.517.8247
 Fax: 253.517.8297

Last School Attended: _____

Fax Number: _____

Please send the complete transcript of academic performance, special placement, attendance, certificate of immunization, records of disciplinary action, and history of violent behavior for the following student(s) who has applied for enrollment. Please send information to Brooklake Christian School
 Attention: Admissions Office

Last Name	First Name	Middle Initial	Current Grade	Date of Birth

According to Washington State Law (RCW28A.225.330), full disclosure of these records is required within two days of the request. We will be unable to enroll the student(s) until we receive this information.

 Parent/Guardian Name

 Parent/Guardian Signature

Date:_____

