



**BENTONVILLE  
CHRISTIAN  
ACADEMY**

# Shadow Day Registration

Name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Gender:  
 Male  Female

Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

**Current Grade:** Pre-K  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>   
(Check one)

**Applying for:** K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>   
(Check one)

Current School: \_\_\_\_\_  
School City and State: \_\_\_\_\_

School Year Applying for:  
 2018-2019,  2019-2020,  2020 – 2021

## MEDICAL INFORMATION

Family Doctor/Emergency Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Special Needs/Medications/Allergies: \_\_\_\_\_

I give my consent for Bentonville Christian Academy to authorize medical or surgical aid deemed necessary and expedient by a licensed physician or surgeon in case of an emergency when parents cannot be reached. I also give my consent for Bentonville Christian Staff to transport my child for emergency medical treatment if the parents cannot be reached.

Parent/Guardian Signature & Date \_\_\_\_\_

I authorize Bentonville Christian Academy to administer the following medicines. Parents will be notified if any medication is given.

AUTHORIZED MEDICATIONS:  Acetaminophen  Ibuprofen  Allergy Itch Cream  Triple Antibiotic Cream  Sunscreen

## AUTHORIZED FOR RELEASE

The following people are authorized for release of my child at any time.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

*(Continued on Back)*

## DISCIPLINE POLICY

1. The Bentonville Christian Academy discipline policy promotes the use of positive guidance and redirection to teach and reinforce appropriate behavior. Careful explanation of school rules makes behavioral expectations clear. Logical consequences for inappropriate behavior and time away from the group are used when necessary.

This is verification that I have read and understand the discipline policy stated above.  YES  NO

## TECHNOLOGY USE POLICY

Bentonville Christian Academy students have access to digital learning devices. During the applicant's time in the classroom, he/she may have access to one or more of the devices. This device is the property of Bentonville Christian Academy and is to be used only for purposes designated by the classroom teacher. If admitted to Bentonville Christian Academy, the applicant and his/her guardians will be responsible for reading and signing the complete Acceptable Use Policy.

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Printed Name of Parent or Guardian

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Date of Shadow

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Signature of Parent or Guardian

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Date

**(Office Use Only)**

Date of Shadow

Shadow Day Teacher