

RST BAPTIST CHURCH OF TAYLORSVILLE CHRISTIAN SCHOOL

125 Hwy 37 N Taylorsville, MS 39168

(601)785-4747

christianschool@fbctaylorsville.org

2022-2023 Tuition Rates

Registration/Book Fee

Per Student

\$300

Tuition & Payment Options

Tuition Total

Prepay by Semester

**ACH Monthly Draft

(Paying in full
due August 1)

due August 1 &
December 1

(Drafted on the first
business day of each month
August-May)

	Tuition Total	Prepay by Semester	**ACH Monthly Draft
	(Paying in full due August 1)	due August 1 & December 1	(Drafted on the first business day of each month August-May)
K5 Part-time 8am-11:30 am M-F	\$1,800	\$900	\$180
K5-9 TH grade (8am-2:45 pm M-F)	\$3,750	\$1,875	\$375
K5-9 TH grade (8am-2:45 pm M-F) (2 children enrolled)	\$5,550	\$2775	\$555
K5-9 TH grade (8am-2:45 pm M-F) (3 children enrolled)	\$7,350	\$3,675	\$735

Various nominal fees may apply throughout the school year for voluntary items and events.

ADMISSIONS CHECKLIST

The application must be completed entirely by or on behalf of all students seeking admission to First Baptist Church of Taylorsville Christian School. When completed, please return to the First Baptist Church of Taylorsville office. Please, no phone calls. If you have any questions, please email us at christianschool@fbctaylorsville.org

FBC Christian School Application completed and returned

- o Include if applicable: Copy of IEP
- o FBC of Taylorsville Christian School Mission Statement, Statement of Faith, and School Philosophy completed and returned
- o Parent questionnaire completed and returned
- o A copy of the student’s current immunization record
- o Copy of most recent report card
- o Transcript (including grades Kindergarten-current grade)
- o Copy of custody paperwork – *both parents must be present for family interview*

After the office has reviewed application, applicants will be contacted by First Baptist Church of Taylorsville Christian School to schedule family interview.

- o Family Interview scheduled with School Administration and staff.

After the interview process, applicants will be notified of their admission status. If a contract is offered, the following steps must be completed:

- o Contract completed and signed by all parties
- o Tuition Worksheet
- o Registration/Book fee of \$300 per student or \$350 if after May 20th

Admissions Calendar

Event	Date(s)
First Baptist Church of Taylorsville members, students, preschool	February 1 st
Open to the public	March 1 st
Last Day for Discounted Registration/Book Fee	May 20 th
10-month Tuition Plan payments begin	August 1 st

Non-discrimination Policy: First Baptist Church of Taylorsville Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.



Our Mission

First Baptist Church of Taylorsville Christian School exists to honor our Lord by providing an educational environment that is rooted in the Bible and the traditions of our faith. Our goal is to educate children using curriculum that reflects the faith and values of our Christian faith. ***“Teach a youth about the way he should go; even when he is old, he will not depart from it.”*** (Proverbs 22:6, HCSB)

Our Statement of Faith

- We are affiliated with the *Southern Baptist Convention* and have been for many years.
- We believe the Bible is God-inspired and without error.
- We believe that every person is created in the image of God, and should be treated with dignity, regardless of race, ethnicity, religion, or gender.
- We believe that God's design for family consists of one woman married to one man for a lifetime.
- We believe that everyone has sinned against God.
- We believe the "good news" is that Jesus died for our sins and that he rose from the dead.
- We believe that salvation is only possible through faith in Jesus Christ.
- We believe that real faith is more than words we might say. Our actions validate our claim to faith.
- We believe that God has called us to join him in world missions.
- We believe that we must begin engaging our world at our front doorsteps.

School Philosophy:

After acquainting yourself with First Baptist Church of Taylorsville Christian School Philosophy and Statement of Belief, describe your expectations regarding your child’s education. -

This application must be completed in its entirety by or on behalf of all students seeking admission to First Baptist Church of Taylorsville Christian School. As the parent(s) or Guardian of the student applicant named hereinbefore, I/we state that we have read and agree with the Mission Statement, Statement of Belief, and School Philosophy of First Baptist Church of Taylorsville Christian School and agree that upon acceptance of the herein named student, I/we will pledge ourselves to work with staff, administration and faculty within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. I understand that the enclosed registration/book fee is non-refundable. I further understand and acknowledge that continued enrollment of my/our child, if admitted to the school, shall be subject to the payment of all tuition and fees set forth on the schedule of tuition and fees as periodically amended by First Baptist Church of Taylorsville Christian School and my/our child’s compliance with the code of conduct and policies established by First Baptist Church of Taylorsville Christian School.

X

F a t h e r o r G u a r d i a n
D a t e

X

M o t h e r o r G u a r d i a n
D a t e

First Baptist Church of Taylorsville Christian School

125 Highway 37 N, Taylorsville, MS, 39422,
Office (601)785-4747 christianschool@fbctaylorsville.org

Parent Questionnaire

Student 1: _____
Last First Middle
Grade: _____

Student 2: _____
Last First Middle
Grade: _____

Student 3: _____
Last First Middle
Grade: _____

We appreciate your interest in enrolling your child at First Baptist Church of Taylorsville Christian School. We view ourselves as partners with you in providing a robust Kingdom Education within a Christian community. Please complete this questionnaire and return it to us with the application.

Attach additional sheets if necessary.

1. Please describe how you integrate your faith into your family’s daily life.

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2. Family's Church Name

Address

Number of Years Attending

Please Check the appropriate boxes:

Applicant

Parent(s)

Member

Member

Attends church regularly

Attends church regularly

Belongs to youth group

Belongs to Small Group or Sunday

3. What are your reasons for seeking admission to First Baptist Church of Taylorsville Christian School? Please include your reason for transfer from your current school.

Printed Name of Parent/Guardian completing questionnaire _____

Relation to applicant _____

Signature _____

Date _____

Official Use

Application for K5-9th Grade

Date Applied: _____

First Baptist Church of Taylorsville Christian School Application

School Year Applied 2022-2023

Student Information

Student 1 Legal Name

LAST	FIRST NAME USED	MIDDLE
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22-23 Grade _____ Student's Social Security No. _____

Date of Birth _____ () Male () Female

Student 2 Legal Name

LAST	FIRST NAME USED	MIDDLE
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22-23 Grade _____ Student's Social Security No. _____

Date of Birth _____ () Male () Female

Student 3 Legal Name

LAST	FIRST NAME USED	MIDDLE
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22-23 Grade _____ Student's Social Security No. _____

Date of Birth _____ () Male () Female

Address

STREET
APT. NO.

CITY	STATE	ZIP	HOME
PHONE (AREA CODE)			

Siblings attending FBC of Taylorsville Preschool:

Family's Church Name:

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Please complete information for this section for ALL parents/guardians.

FATHER: Full Name of Father (include title: Mr., Dr., Rev., etc.)

TITLE	FIRST PREFERRED NAME	MIDDLE	LAST
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Home Address

STREET	CITY ZIP	STATE
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Phone: Home _____ Business _____

Cell _____

Employer _____ Occupation _____

Email _____ @ _____

Mother: Full Name of Mother (include title: Mrs., Dr., Rev., etc.)

TITLE	FIRST PREFERRED NAME	MIDDLE	LAST
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Home Address

STREET	CITY ZIP	STATE
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Phone: Home _____ Business _____

Cell _____

Employer _____ Occupation _____

Email _____ @ _____

Stepparents/Guardian(s): _____ **Stepfather** _____ **Stepmother or** _____ **Guardian** (include title: Mr., Mrs., Dr., Rev., etc.)

TITLE	FIRST PREFERRED NAME	MIDDLE	LAST
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Home Address

STREET	CITY ZIP	STATE
--------	-------------	-------

Phone: Home _____ Business _____

Cell _____

Employer _____ Occupation _____

Email _____ @ _____

Business Address

STREET	CITY ZIP	STATE
--------	-------------	-------

Family Information

Student lives with () Father () Legal Guardian () Mother () Stepmother () Stepfather
Student's parents are () Married () Separated () Divorced

Please mark all that apply: () Mother deceased () Father deceased
Any legal custody situations of which FBC of Taylorsville Christian School should be aware: () Yes () No

If yes, please explain: _____

If divorced, please indicate the type of custody ordered by the court: () Joint () Sole

Which spouse holds legal responsibility for school decisions? _____

(Copies of all court documents regarding custody and educational decisions MUST be submitted along with the application.)

To whom should correspondence be sent? () Both parents () Father () Mother

Emergency Contacts

List two additional contacts to be used in the event parents cannot be reached:

(1) Name _____ Relationship _____

Phone: Home _____ Work _____

Cell _____

(2) Name _____ Relationship _____

Phone: Home _____ Work _____

Cell _____

Pick Up Information:

In addition to my emergency contacts, the following may pick up my child:

Name _____ Relationship _____

Cell Phone _____

Name _____ Relationship _____

Cell Phone _____

Name _____ Relationship _____

Cell Phone _____

Medical History:

Does any student listed on this application suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc.?

If so, please explain

Specific instructions for treating the above:

Does any student listed on this application suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc.? Have any physical problems that require reasonable accommodations?

Does any student listed on this application suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc.? Take daily medication? _____

If so, what? _____

May we have permission to give OTC medicine to the student(s) listed on this application?

(Tylenol, Pepto Bismol, Etc.) _____ Yes or _____ No

Emergency Medical Service Permission:

Should an accident or illness occur during the school day or on a school-sponsored activity which in the opinion of FBC of Taylorsville Christian School personnel requires immediate treatment and the school is unable to locate either parent or guardian, I authorize and empower the property of FBC of Taylorsville Christian School authority to act in our stead and obtain the required medical services for the above-named child.

Family Physician's Name _____

Phone _____

Health Insurance Name _____ Policy No. _____

Group No. _____

Parent's Signature _____

Date _____