

BETHANY CHRISTIAN SCHOOLS (BCS)
BETHANY ASSOCIATION TO REDUCE TUITION (B.A.R.T.)
REGISTRATION FORM

Adult/Parent Name:(First) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (____) _____ Work Phone: (____) _____

Direct Tuition Credit to:

My Personal Tuition Account

Future Tuition Credit

Family of: _____ Confidential? Yes No

IMPORTANT DISCLAIMER FORM

*You **MUST** fill out this form if you want to use this option.*

CHILD: I (we) authorize the BART committee to release my BART certificates to my child listed below to take home. I (we) understand that BART cannot and will not be responsible for lost or misplaced certificates as a result of my child's actions. Under no circumstances can lost certificates be replaced by BART

Child's Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

I (we) have read the information provided by the BART coordinators and have heard relevant explanation of how the program works and what my responsibilities are as a participant. I hereby agree to abide by the standards and regulations of the BART program, and to adhere to the policies established by the Bethany Association to Reduce Tuition.

Signed: _____ Date: _____

Signed: _____ Date: _____

BART cannot function without the help of dedicated volunteers. Please consider helping whenever you can!

I would be available to help administer the program on Wednesdays at BCS.

I would be available to help with the program on other days: _____

Your Name: _____ Phone Number: _____