



# Arrow Classical Education

A HOMESCHOOL PARTNERSHIP

## Enrollment Application 2024/25 School Year

Please return application to:  
First Baptist Church  
307 Center Street  
Henderson, KY 42420

### FOR OFFICE USE ONLY

Imm. Expiration Date: \_\_\_\_\_  
 Registration Fee: \_\_\_\_\_  
 Supply/Book Fee: \_\_\_\_\_  
 Payment Plan: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Initialed Parent \_\_\_\_\_  
 Handbook: \_\_\_\_\_  
 Pastoral Reference Letter \_\_\_\_\_

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Behold, children are a heritage from the Lord, the fruit of the womb a reward.

Like arrows in the hand of a warrior are the children of one's youth.

Blessed is the man who fills his quiver with them!

He shall not be put to shame when he speaks with his enemies in the gate. - Psalm 127:3-5

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Circle tuition payment plan option (see page 6 for details): **Option A (1 pmt)**    **Option B (2 pmts)**    **Option C (9 pmts)**

Family Religious Preference: \_\_\_\_\_ Church Membership: \_\_\_\_\_

## Arrow Classical Education Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Arrow Classical Education/First Baptist Church Staff to take my child to an Emergency Room, or to the following physician for medical care.

\_\_\_\_\_  
Physician's Name:

\_\_\_\_\_  
Phone:

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

\_\_\_\_\_  
City/State:

\_\_\_\_\_  
Hospital:

### *Insurance Information:*

\_\_\_\_\_  
Name of Policy Holder:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Insurance Company Name:

\_\_\_\_\_  
Policy Number:

**List any local person who would be available to assume responsibility for your child in an emergency if parents cannot be reached.**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Home/Cell/Work Phone:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Home/Cell/Work Phone:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Home/Cell/Work Phone:

## Arrow Classical Education Health Information

*A current Kentucky Immunization Certificate, with an expiration date, must accompany this application, or be on file with FCSE, in order for enrollment to be processed.*

\_\_\_\_\_  
Child's Name:

\_\_\_\_\_  
Birthdate:

Is your child free from communicable disease?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Is your child able to participate in group activities?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Does your child have any known food allergies?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions or allergies?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical or mental handicaps?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications on a regular basis?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any other remarks regarding physical conditions or suggestions for the care of your child:

\_\_\_\_\_  
\_\_\_\_\_

# Arrow Classical Education

## Pick Up Information

\_\_\_\_\_  
Child's Name:

*Please list anyone (including parents) that have permission to pick your child up from school.*

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Phone Number:

*If a parent does not have permission to pick up, a Custodial Statement must be on file.*

**Special comments or concerns:** \_\_\_\_\_

**I have read and understand all policies and guidelines contained in this enrollment packet. By signing below, I agree to abide by all guidelines. (BOTH parents must sign.)**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

*Please detach this page to keep for your records.*

## Arrow Classical Education

First Baptist Church - 307 Center Street - Henderson, KY 42420

Phone: 270-826-2332 | Fax: 270-826-9415

### Schedule:

**Hours:** Monday, Tuesday, Wednesday, Thursday 8:00am - 12:00pm

**Early Room (For younger siblings 2s - PK only):** Tuesday, Wednesday, Thursday 7:50am - 8:50am

Early Room can be used everyday, or on an as-needed basis. The charge for Early Room is typically an additional \$5 per day. If tuition is paid in yearly or semester payments, Early Room may be used free of charge. As a service to your family, Early Room will be available free of charge to younger siblings of those in ACE classes.

### Tuition and Fees:

*If enrolling more than one child, there is a 15% younger sibling discount.*

#### Tuition:

\$2900 per school year\*..... (if registration fee and enrollment application is received before May 1)

\$3100 per school year\*..... (if registration fee and enrollment application is received after May 1)

**Payment Option A\*\* - Yearly:** \$2900 due by August 10      **OR**      \$3100 due by August 10

**Payment Option B\*\* - By Semester:** \$1450 due by August 10 and \$1450 due by January 10  
OR  
\$1550 due by August 10 and \$1550 due by January 10

**Payment Option C - 9 Monthly Installments:** \$322/month - First payment due by August 10 and then by the tenth of each month, September through April  
  
\$344.44/month - First payment due by August 10 and then by the tenth of each month, September through April

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**\*ADDITIONAL FEES not included in tuition:**

**Registration Fee** - \$100 - Non-refundable and due with enrollment application

**Supply/Book Fee** - \$300 - Non-refundable and due by July 10



## **2024/25 Commitment to Partnership**

We have read and agree with Arrow Classical Education's Mission Statement, Vision, and Core Principles. We agree that we will submit to them in the upcoming school year.

\_\_\_\_\_ (initial)

We understand that Arrow Classical Education is a homeschool partnership, not a school. We commit to partnering in the upcoming school year.

\_\_\_\_\_ (initial)

We have read and agree with Arrow Classical Education's Parent Handbook.

\_\_\_\_\_ (initial)



## Photo Release Form

I give Arrow Classical Education representatives and employees the right to take photographs and/or videos of my child and to use these in postings to social media.

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Child's name

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Parent/guardian

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Date

\_\_\_\_\_ I do not give my permission.





## Pastoral Letter of Recommendation

(812) 457-6850  
 fbchednerson.org/arrowclassicaleducation  
 307 Center Street | Henderson, KY 42420

Date: \_\_\_\_\_

Dear Arrow Classical Education Staff:

We are pleased to recommend \_\_\_\_\_ as a student in your program. His/her family is a member in good standing with this church. We feel that the \_\_\_\_\_ family will be a committed to partnering with you in developing their child's spiritual as well as academic growth.

Sincerely,

\_\_\_\_\_  
 Name, Title

\_\_\_\_\_  
 Church's Name