

# New Beginnings Baptist Academy

2026 – 2027  
Enrollment Packet

A Ministry of



5940 Massachusetts Ave.  
New Port Richey, FL 34652  
727-848-4593

## **New Beginnings Baptist Academy**

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New Port Richey, FL 34652  
727-848-4593

### **Tuition Schedule**

2026 - 2027

#### **Tuition Schedule**

New Beginnings Baptist Academy is committed to making top quality education affordable to everyone. Below you will find our 2026-2027 tuition schedule. There are no additional fees. We have several significant discounts available which may be combined.

#### **Tuition for kindergarten – 12<sup>th</sup> Grade:**

\$7200 per year (10 monthly payments of \$720; August 1 – May 1)

This amount covers all tuition, books, uniforms, labs, tests and helps offset the cost of field trips. New Beginnings tuition covers all fees that other schools, both public and private charge extra for (uniforms, sports registration, etc.) Remember to keep this in mind when exploring alternative options. Our cost remains some of the most affordable in our area.

**If you withdraw your student(s) within the first month, after enrollment, you will be charged a curriculum reimbursement fee of \$225.00 per student(s). This fee must be paid, or arrangements made, before release of records for the student. (This fee is not covered by any scholarship)**

#### **Discounts Upon Request:** (for non-scholarship students):

Multiple Children: 5% off second child, 10% off third child and beyond

New Family Referral: \$250 off for each new family accepted and completed, no limit!

(new family MUST reference your name on application)

Full Payment Option: 5% off tuition paid in full by August 1.

New Beginnings Baptist Church Member: 10% off per year

Classroom volunteer of over 20 hours a month get: 5% off for the year

#### **Payment Exceptions:**

Tuition payments are due the first of each month and payable by the 10<sup>th</sup>. Students who are not paid by the 10<sup>th</sup> will not be allowed to attend classes until the account has been brought to.

Scholarship students will not be permitted to attend classes until we have received authorization from Step Up.

New Beginnings Baptist Academy

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**Application for Enrollment**

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

Student Contact Information:

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ ? \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Contact Information:

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

General Information:

Date of Application: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

Parent's Marital Status:

- \_\_\_\_\_ Married
- \_\_\_\_\_ Divorced & Unmarried
- \_\_\_\_\_ Divorced & Remarried
- \_\_\_\_\_ Separated
- \_\_\_\_\_ Other, please explain: \_\_\_\_\_

Child Lives With:

- \_\_\_\_\_ Both Parents
- \_\_\_\_\_ Father
- \_\_\_\_\_ Mother
- \_\_\_\_\_ Other; please specify: \_\_\_\_\_

Other Children in Household:

- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Adults in Household:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Application for Enrollment

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

Student Health Information:

Has your child previously had any of the following? (circle yes or no) If yes, please explain.

Yes	No	Mumps
Yes	No	Diphtheria
Yes	No	Polio
Yes	No	Measles
Yes	No	Scarlet Fever
Yes	No	Convulsions
Yes	No	Whooping Cough
Yes	No	Rheumatic Fever
Yes	No	Asthma
Yes	No	Heart Disease
Yes	No	Chicken Pox
Yes	No	Diabetes
Yes	No	Hay Fever
Yes	No	Pneumonia
Yes	No	Discharging Ears
Yes	No	Syphilis
Yes	No	Gonorrhea
Yes	No	Tuberculosis
Yes	No	Suicidal threats

Has your child recently had of the following? If yes, please explain.

Yes	No	Four or more colds yearly
Yes	No	Fainting spells
Yes	No	Hearing difficulty
Yes	No	poor Vision
Yes	No	Speech difficulty
Yes	No	Shortness of breath
Yes	No	Frequent sore throat
Yes	No	Dizziness
Yes	No	Persistent Cough
Yes	No	Ringworm
Yes	No	Impetigo

Please list all allergies:

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Application for Enrollment

Student Name \_\_\_\_\_

Student Background Information:

Please answer the following questions. If yes, please explain on the back of this form and attach any pertinent records.

- |     |    |   |
|-----|----|---|
| Yes | No | Has your child ever been expelled?                |
| Yes | No | Has your child ever been suspended?               |
| Yes | No | Does your child have a learning disability?       |
| Yes | No | Does your child have an IEP or 504 plan?          |
| Yes | No | Does your child have any physical limitations?    |
| Yes | No | Has your child ever run away from home?           |
| Yes | No | Has your child ever been in trouble with the law? |
| Yes | No | has your child ever smoked?                       |
| Yes | No | Has your child used alcohol?                      |
| Yes | No | Has your child used any illegal substances?       |
| Yes | No | Has your child been accused of sexual misconduct? |
| Yes | No | Has your child ever repeated a grade?             |



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Student Name \_\_\_\_\_

Emergency Contact Information:

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

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

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

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

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

Relationship to student: \_\_\_\_\_

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

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

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

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

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

Relationship to student: \_\_\_\_\_

I give my permission to discuss my student's academics with the following people:

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Student Name \_\_\_\_\_

**Student & Family Information:**

What are your child's strengths? \_\_\_\_\_

What are your child's areas for improvement? \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

How often does your child attend church/youth group?

Always      Mostly      Occasionally      Rarely

How often does your family attend church?

Always      Mostly      Occasionally      Rarely

Does your child consider themselves a Christian?

Yes      No      Unsure

What do you base your answer on? \_\_\_\_\_

Do you consider yourself a Christian?

Yes      No      Unsure

What do you base your answer on? \_\_\_\_\_

What influenced your decision to choose Fellowship Baptist Academy?

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Were you referred by anyone? \_\_\_\_\_

(new family referral discounts will be split evenly by all parties listed above)

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

**Student Rules:**

The following information is both expected and required of our students. Failure to adhere to these policies is subject to discipline. This is not an exhaustive list.

1. No cheating, copying work or homework is permitted. This includes both the giving and receiving of information. No forging signatures.
2. No possession of any firearms, knives or weapons of any kind.
3. No cursing, vulgarity, dirty jokes, innuendos, etc.
4. No public display of affection.
5. No possession or use of any alcohol, tobacco, illegal drugs or medication not authorized by a parent.
6. No possession of pornographic material in any form.
7. No gum.
8. No fighting.
9. No skipping school.
10. No destructive damage to church, school or other person's property.
11. No immoral conduct.
12. No stealing.
13. No cell phones during school hours.
14. No dangerous or inappropriate driving.
15. No dress code violations.
16. No disrespectful behavior.

*Please see the student handbook for a full list of school rules.*

Student Dress Code:

Navy, black or tan long uniform type pants purchased from the store of your choice. Belts are required. Young ladies may wear knee length skirts. Please, no tight -fitting clothes. T-shirts and polo shirts are provided from tuition through the academy. T-shirts and polo shirts are provided from tuition through the academy. Physical Education shorts must be navy, blue or black basketball type shorts purchased at the store of your choice. On cold days, navy or black sweatpants are acceptable for P.E. only, no other colors allowed. Dress shoes or sneakers are to be worn in the classroom. Young ladies may wear sandals with front and back straps. No flip-flops

*Please see handbook pages 9-11 for full dress code*

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Please review the following additional information carefully. **Signatures are required to process.**  
Please use a separate enrollment packet for each student who is applying for enrollment.

All students, both new and returning, must have a copy of a valid birth certificate and social security card in their file.

All students both new and returning, must have a complete, up-to- date certificate of immunization prior to enrollment. The immunization record must meet the minimum state requirements.

All students participating in the academy sports programs must have a yearly sports physical exam.

A physical exam report, completed within one year prior to the first day of school, is required for all students who have never attended school in Florida previously. Homeless students are exempt. Students who are transferring from another school are required to provide records to us. Remove and use the release of records information on the following page if needed.

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I have carefully read this enrollment packet in its entirety and understand it thoroughly. I have provided and accept all information contained within and give my express permission to have my information applied. I agree to abide by the academy handbook. I understand that failure to comply in any way may result in losing the privilege to attend New Beginnings Baptist Academy.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Emergency Medical Care Permission:**

Please carefully read and complete the emergency medical care permission form. Our principal, Tammy Kestermann, is an authorized notary and can provide the necessary services in the office free of charge to academy families.

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with the above school to consent to any emergency examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physical or at said hospital.

As a parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the medical center for rendering such services.

I will not hold the staff of said school responsible for injury or death in such event.

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

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

Parent/Guardian signature: \_\_\_\_\_

Notary for State of \_\_\_\_\_ Notary for county of \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Notary Stamp:

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**Medication Permission:**

New Beginnings Baptist Academy does not provide medication of any kind for student use. Parent's must sign the below form for us to dispense the medication you provide for your student. No student may "borrow" or use another student's medication. Please send in medication in the original bottle, clearly labeled with your student's name.

Student may only keep asthma inhalers and Epinephrine pens on their persons. However, we must have a letter on file from the prescribing doctor.

Please check one of the following:

\_\_\_\_\_ I do NOT give New Beginnings Baptist Academy permission to dispense pain relievers.

\_\_\_\_\_ I give New Beginnings Baptist Academy permission to dispense medication.

List approved medications you will be providing:

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Release of Records**

To: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

The student(s) listed above have enrolled in our school. Please send entire cumulative information including:

\_\_\_\_\_ Transcript of Grades

\_\_\_\_\_ Grades at time of withdrawal

\_\_\_\_\_ Health/Immunization Records

\_\_\_\_\_ Intellectual/Physiological Evaluation.

\_\_\_\_\_ Grading System

\_\_\_\_\_ Florida Student Number

\_\_\_\_\_ Special Education Records

\_\_\_\_\_ Graduation Requirements

\_\_\_\_\_ Copy of Home Language Survey

\_\_\_\_\_ Social History

\_\_\_\_\_ Physical

\_\_\_\_\_ Copy of Birth Certificate and Social Security Card

\_\_\_\_\_ Behavioral or Disciplinary Records

Please forward all records to:

**New Beginnings Baptist Academy**  
**5940 Massachusetts Avenue**  
**New Port Richey, FL 34652**  
**Phone number: 727-848-4593**  
**Email: nbbaadministrator@gmail.com**