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**Enrollment Form 2018-2019**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Cell Phone (Father): \_\_\_\_\_ Cell Phone (Mother): \_\_\_\_\_

Email Address (Father): \_\_\_\_\_

Email Address (Mother): \_\_\_\_\_

**Financial Contract:**

I understand that the tuition is:

- \$5,070 per year (Kindergarten -9<sup>th</sup> grade)
- \$5,231 per year (K-4 all day class)
- \$5,231 per year (K-3 all day class)
- \$3,743 for half-day K-4
- \$2,382 for 1/2/day MW(F) or TTH(F) 3 year old program)
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**\*\*\*Sibling Discount\*\*\* For children who are enrolled in our Full Day programs, the 2<sup>nd</sup> child receives a \$500 tuition discount, for 3 or more children the tuition caps at \$11,000.**

I agree to pay the required tuition. I agree to pay the registration fee of \$175.00 (\$125.00 for returning students, if paid by Feb.28th). I also agree to pay for any and all book fees that will incur during this school year.

Person accepting full financial responsibility: \_\_\_\_\_

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

**Tuition Payment Preference:**

**Tuition for the 2018-2019 school year will be paid by (please check one):**

\_\_\_\_\_ **Option 1:** Single payment due by July 31, 2018. If paid by July 1, 2018, a \$100 discount will be credited. If payment is not received by the due date, families must choose Option 2 for your child to begin school.

\_\_\_\_\_ **Option 2:** FACTS monthly payment plan. Payments budgeted over **12 months** with first payment due either June 5th or June 20th, 2018. Those choosing to budget through Option 2 will be sent a FACTS Automatic Tuition Agreement Form.

\_\_\_\_\_ **Option 3:** FACTS monthly payment plan. Payments budgeted over **10 months** with first payment due either July 5th or July 20th, 2018. Those choosing to budget through Option 2 will be sent a FACTS Automatic Tuition Agreement Form.

I agree to make tuition payments for the 2018-2019 school year according to one of the two options listed above.

*Signature of Person Responsible for payment:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Please initial if you consent to the following:**

\_\_\_\_\_ In consideration of the acceptance of my child to Foundation Christian Academy (FCA) as a student, I hereby release FCA, and all its staff, employees, and Board of Directors from any and all liability. I understand by executing this release that I must provide my own medical insurance for my child.

\_\_\_\_\_ I have read the FCA Handbook and understand that which I have read. I agree to uphold all standards set forth in the handbook and understand the consequences if those are not followed. Handbooks can be found on the website ([www.fcafalcons.com](http://www.fcafalcons.com)) or a copy may be obtained in the office.

\_\_\_\_\_ I give my consent for my child to attend any scheduled field trip with FCA for the 2018-2019 school year. I will assume all responsibility for the safety of my child as long as he/she is supervised by a teacher and/or parent.

\_\_\_\_\_ I give my permission to have my name, address, phone number, and e-mail published in the 2018-2019 Student Directory. I have provided my email address on the front of this form.

\_\_\_\_\_ As a means of assisting any advertising or fundraising efforts of FCA, I consent to the use by FCA of any photographs or videotapes which may be taken of my child during any school activity.

\_\_\_\_\_ I give my permission for my child to ride with their class and/or other students on the FCA school bus on approved school trips.

**Waiver of Liability for Lunch Program**

FCA, subject to waiver of legal liability, will provide hot meals to those students whose parents have signed this waiver agreeing to hold FCA harmless from any and all damages or injuries that may occur to their child from eating or ingesting any food provided by FCA.

The undersigned parent/legal guardian also agrees to provide FCA with a written list below of any and all food allergies that their child may have and thereby request that any meal given to such child not include any of the listed foods.

My child is allergic to the following foods and I am requesting that FCA NOT prepare any meals for my child containing the following foods:

\_\_\_\_\_

The hot meal program is voluntary and any parent/legal guardian not wishing their child to participate can do so by not agreeing to this waiver. Such parent/legal guardian must provide meals from home that do not need to be heated.

I, as a parent/legal guardian of \_\_\_\_\_ (child's name), agree to hold FCA and all of its employees, board members, and volunteers, harmless from any and all damages as a result of the eating or ingestion of food prepared by FCA. I also agree to pay for all meals my child has eaten at the end of each month. Cost of each meal is \$3.00 per day.

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

## Pick Up List

*I authorize the following person(s) to pick up my child:*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Grandparent Information (Optional)

**Paternal Grandparents:**

**Maternal Grandparents:**

Names: \_\_\_\_\_

Names: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**The following items are required for admission: (before 8/1/18)**

**\*\*\*for Preschool, Kindergarten or NEW students\*\*\***

\_\_\_\_\_ Physical Exam (Kindergarten & 6<sup>th</sup> grade only)

\_\_\_\_\_ Eye Exam (Kindergarten only)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Insurance Card (copy)

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Recent Photo

\_\_\_\_\_ School Records (transfer student)

\_\_\_\_\_ Registration Fee (due with application)

\_\_\_\_\_ Book Fee (due by 7/1/18)

**\*\*\*For returning students the following items are required for admission:**

\_\_\_\_\_ Book Fee (due by 7/1/18)

\_\_\_\_\_ updated immunization records for those entering the 6<sup>th</sup> grade