



Child's Name \_\_\_\_\_ Male  Female

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address:		
City	State	Zip

Who does the child live with? \_\_\_\_\_  
 To whom should school notices be sent? \_\_\_\_\_

Name of Father or Guardian		Cell phone:
Address (If different from above):		
Email Address:		
Occupation:	Employer:	Work phone:
Religious preference:		Congregation:

Name of Mother or Guardian:		Cell phone:
Address (If different from above):		
Email Address:		
Occupation:	Employer:	Work phone:
Religious Preference:		Congregation:

Does your child have court restrictions regarding a parent/legal contact? Yes  No

If yes, please provide a copy of court documents. Authorized enrolling legal parent/guardian is responsible for providing current copies of all court records. Please include any information FCA needs in order to help keep your child safe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Name \_\_\_\_\_

- K3
- K4 Half Day
- K4 Full Day

**\*NEW Pre School Students\***

**Background Information**

Has your child participated in: (Check all that apply)

- In-Home daycare (outside of your home)
- Commercial daycare- Name of daycare \_\_\_\_\_
- Preschool- Name of pre-school \_\_\_\_\_
- Stayed at home
- Other: \_\_\_\_\_

How was his/her experience in the daycare/preschool setting?

---



---

Is your child completely potty trained? \_\_\_\_\_

My child takes care of bathroom needs independently.

- Often
- Sometimes
- Seldom/Never

My child separates easily from a parent.

- Often
- Sometimes
- Seldom/Never

My child will ask for help when needed from a familiar adult.

- Often
- Sometimes
- Seldom/Never

My child enjoys playing with other children his/her own age.

- Often
- Sometimes
- Seldom/Never

What type of rewards work best for your child?

---



---

What type of correction/consequence/discipline works best for your child?

---



---

	Not yet	Emerging	Almost Mastered	Completely Mastered
Engages in conversation				
Cooperates with peers during play				
Negotiates with peers to resolve conflict without physical contact				
Exhibits self control. Not impulsive				
Follows rules when participating in routine activities.				

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

**IN CASE OF AN EMERGENCY**

Who should be called *first* in case of an emergency? (Name/relationship) \_\_\_\_\_

Best phone number to call \_\_\_\_\_

Additional Emergency contacts if the above cannot be contacted:

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

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

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

Allergies including food, medicine, other:

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

Medicines currently taking:

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

Special Medical Conditions or Concerns:

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

May medicine be given at school without being called first?

Ibuprophen: Yes  No

Tylenol: Yes  No

Benadryl: Yes  No

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ Plan # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Due to proximity, if given a choice, Greenview Hospital will be chosen unless otherwise specified. In an emergency, 9-1-1 will be called.

The following people are authorized to pick up my child:

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

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

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

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

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

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

Contract

Please indicate your agreement with the following statements by initialing the blanks and signing below.

\_\_\_\_\_ I understand that the tuition for the 2019-20 school year is as follows:

- \$5,324 Kindergarten – 6<sup>th</sup> grade
- \$5,450 7<sup>th</sup>-10<sup>th</sup> grade
- \$5,493 K3 and K4 full day
- \$3,930 K4 half day

\_\_\_\_\_ I agree to make tuition payments for the 2019-2020 school year based on one of the options chosen below. I understand and agree to pay additional fees that may occur including registration and fees, lunch fees, and afterschool fees. \*Note: Book Fee may be added to FACTS tuition payments. Book Fees due by July 1<sup>st</sup> if paying by cash or check.

Option 1: Single payment due by July 1, 2019 with a \$100 discount.

Option 2: FACTS monthly payment plan. Payments are budgeted over 10 months. Those choosing this option will be sent a FACTS automatic withdraw agreement form. You may chose for your first payment to be withdrawn on July 5 or July 20, 2019.

Option 3: FACTS monthly payment plan. Payments are budgeted over 12 months. Those choosing this option will be sent a FACTS automatic withdraw agreement form. You may chose for your first payment to be withdrawn on June 5 or June 20, 2019

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

\_\_\_\_\_ In consideration of the acceptance of my child to attend Foundation Christian Academy as a student. I hereby release FCA, all of its staff, employees, and Board of Directors from any and all liability.

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

\_\_\_\_\_ I agree to provide FCA a list of all known allergies that may harm my child. I understand that lunches prepared by FCA may contain allergens. I agree to hold FCA, all of its employees, board members and volunteers harmless from any and all damages as a result from eating or ingesting food prepared by FCA.

\_\_\_\_\_ I have provided information on this form/contract to the best of my ability. All answers and information contained therein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**For Office Only**

Date Enrollment packet received

Registration Paid

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Book Fee Paid

Check # \_\_\_\_\_

Cash \_\_\_\_\_