



Student's Name _____ Male Female

Grade Entering _____ Age _____ Birthdate _____

Home Address:		
City	State	Zip

Who does the student 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 the student 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 _____ 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 _____

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 – 6th grade
- \$5,450 7th- 10th 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 1st 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

<p>For Office Only</p> <p>Date Enrollment packet received</p> <p>_____</p> <p>Registration Paid</p> <p>Check # _____</p> <p>Cash _____</p> <p>Book Fee Paid</p> <p>Check # _____</p> <p>Cash _____</p>
