

**Serving  
God**

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**The**  
*Leaders*  
**of TOMORROW...**

**...are**  
*Here*  
**TODAY!**

**Student Re-Enrollment Packet**

**Dear FCA Parent,**

**Thank you for having your children here at Faith Christian Academy. It is our desire to assist you as parents in the education and spiritual formation of your children. Luke 2:52 tells us that “Jesus increased in wisdom and stature, and in favor with God and man.” It is our mission to train our students intellectually, physically, spiritually, and socially. Deuteronomy 6:5-7 commands parents to train their children to love God with all of their being. Therefore, FCA seeks to enroll students from families whose desire is a quality education within a Christ-centered environment. Our goal is to provide a high quality education, but our highest priority is to increase within the students a desire to glorify God in all that they do.**

**This packet contains all of the documents that you need to complete the re-enrollment process. Our desire is to make this process as smooth as possible. If you have any questions, please contact us; we will be happy to answer any questions you have.**

**Pastor David Harris**

**FCA Superintendent**

# Faith Christian Academy

## 2018-2019

### Re-Enrollment Card

(Pre-registration fee is \$150. Pre-registration runs from February 1<sup>st</sup> to March 30<sup>th</sup>)

Parents Name(s): \_\_\_\_\_

Child #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Church where family attends: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Both Parents signatures needed**

Parent/Guardian 1: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ DATE: \_\_\_\_\_

# Student Information and Emergency Medical Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

In the event that I/we cannot be reached to make arrangements for emergency medical attention, the administration/faculty of Faith Christian Academy should contact the persons listed below who have authorization to secure medical attention for my child. In the unlikely event that these persons are unavailable, I/we authorize the school personnel to contact the licensed physician listed below for medical advice and, if necessary, to transport my child to the physician's office or whatever medical treatment facility s/he recommends. In the event the physician is unavailable or unwilling to give direction to the school personnel, they also have my/our authorization to use their professional discretion to secure the best available medical attention for my child.

**Faith Christian Academy DOES NOT ASSUME any responsibility in case of accident or injury.** I do hereby agree to indemnify and hold harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of this student. If between this date and the beginning of school any illness or injury should occur that might limit this student's participation in any activities, or if there is a change in status during the school year, I agree to notify the school authorities.

**At least one emergency contact, in addition to the parents, is required for each student.**

Name	Relationship	Home Phone	Work Phone	Mobile

**MEDICAL FACILITY/PERSONNEL**  
 Physician's name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Other preferred medical treatment facility or contact: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special medical information/instructions or comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAJOR MEDICAL INSURANCE INFORMATION**  
 Company Policy Holder: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES** Please circle any which apply to your child:  
 PENICILLIN ASTHMA/HAY FEVER SUNBURN SENSITIVITY INSECTS OTHER: \_\_\_\_\_

**Treatment procedures, should the child display an allergic reaction:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER INFORMATION**

At times, students complain of common discomforts – headaches, sore throats or stomach aches. **Please circle which items the school may** administer to your child. *Without your permission these medications will not be administered.*

**Tylenol                      Cough Drop                      Antacid Tablet**

Does your child wear: Glasses \_\_\_\_\_ Contact Lenses: \_\_\_\_\_ Hearing Aids \_\_\_\_\_

**Pick-Up Information:** the following may pick this student up from school:

Name	Relationship

**To the best of my knowledge, the information provided above and on the previous pages is true and accurate.**

*I will make every effort to contact the school if my child is going to be absent.*

**Parent/Guardian 1:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CONTRACTUAL AGREEMENTS FOR SCHOOL YEAR 2018- 2019

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

### FINANCIAL AGREEMENT

*I understand that...*

Payments are to be made on a 10-month (Aug. – May) unless annual or semi-annual payment arrangements are made. Payments will be automatically withdrawn on the 5th. All payments will be managed by Smart Tuition. Every family must be enrolled in Smart Tuition. There is a one-time Smart Tuition fee of \$50 per family.

**At that time, a \$40 late fee will be added to the balance of my account.**

If my first payment is not made by August 5th, my child's name may be replaced by someone on the waiting list. Faith Christian Academy does not issue refunds on fees or initial tuition payments.

If my account is delinquent and prior arrangements have not been made with the administration, my child will not be allowed to participate in any extra-curricular activities until tuition is paid and may be subject to removal from the school. **REPORT CARDS will not be issued until all accounts are paid in full.**

**The absence, withdrawal, or dismissal of any student does not relieve the payment of the following tuition amounts:**

Withdrawals before Oct. 1	25% of yearly tuition is due
Before Dec. 1	50% of yearly tuition is due
Before Feb. 1	75% of yearly tuition is due
After Feb. 1	100% of yearly tuition is due

### PARTICIPATION AGREEMENT

My child has permission to participate in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also grant permission to FCA and its staff to photograph, videotape, or audiotape me, my child/ ward and to copyright, use and/or publish the photographs/videotapes and audiotapes in any school publication and public relations related material.

**We agree to attend two parent meetings during the school year, not including Open House or Parent Conferences. Failure to do so may result in a support fee.**

### STATEMENT OF COOPERATION

I agree that if my child is enrolled at Faith Christian Academy, I will do my utmost to cooperate with and support the school in its methods and principles of education. I have read the Parent-Student Handbook and agree to support the policies therein.

### SIGNATURES: BOTH PARENTS MUST SIGN

FATHER: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

# 2018-2019 Financial Information

All Fees are non-refundable

**Application Processing Fee:** **\$75**

This fee must accompany the application of all potential new student candidates before application will be considered. It covers the cost of processing the application, the parent/student interview, and the entrance exam fee.

**Registration fee:** **\$200**

This fee must be paid in full at the time of enrollment. This fee secures a spot for the student in the grade.

**Student Support Fee:** **\$300**

This fee must be paid in full at the time of enrollment. This fee includes accident insurance while in school activity, educational resources, and building maintenance.

**Classroom Support Fee:** **\$200**

This fee must be paid in full at the time of enrollment. This supplies needed classroom materials.

## Tuition Payment Options:

All tuition payments are due by the 5th of each month. Thereafter, a late fee of \$35 will be charged. Faith Christian Academy will be using Smart Tuition to manage the billing and tuition payments for the 2015/2016 school year.

***There is a onetime Smart Tuition charge of \$50.00.***

Fees	Pre-K	Kindergarten	1st-3rd	4th-6th	7th-12th
Registration	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Tuition (10 Payments)	\$395.00	\$395.00	\$415.00	\$415.00	\$415.00

## Family Tuition Rates

<b>Two Children (1st-12th)-\$750.00</b>	<b>One (1st-12th)+One full day K-\$760.00</b>
<b>Three Children (1st-12th)-\$1125.00</b>	<b>One (1st-12th)+One half day K-\$750.00</b>
<b>Four Children (1st-12th)-\$1300.00</b>	<b>Two (1st-12th )+One full day K-\$1090.00</b>

***Ask about referral discount in the office.***

Activity fee for K-3 to 12<sup>th</sup> **\$75.00**

Fundraising Set up Fee per family (charged December 1<sup>st</sup> and April 1<sup>st</sup>) **\$50.00(per semester)**

## Class Fees:

- Science Lab-\$50 (6<sup>th</sup> – 12<sup>th</sup> charged October 5<sup>th</sup> )
- Computer Lab-\$50 (6<sup>th</sup>-12<sup>th</sup> Charged January 5<sup>th</sup> )
- Yearbook and School ID-\$30 (Charged May 5<sup>th</sup> )

- Graduation Fee: \$100 (Seniors only, includes graduation regalia)
- Kinder Graduation Fee: \$50.00 (both charged in February 5<sup>th</sup>)
- High School Retreat: \$150 (9<sup>th</sup> -12<sup>th</sup> Charged September 5<sup>th</sup> )
- Grade link Fee: \$10.00 (All students Charged in November 5<sup>th</sup> )

**Tuition Credits:**

- Members of Faith Baptist Church of Palmhurst qualify for an additional discount. Please ask in school office for FBC discount.
- 5% discount available to families who pay full year tuition in advance by August 1<sup>st</sup>. 3% discount available to families who pay full Semester tuition in advance by August 1<sup>st</sup> and January 1<sup>st</sup>.