



Fellowship Christian Academy

1305 Hulseley Road
Carthage, NC 28327

OFFICE USE

School Year: _____

Class: _____

Enrollment Date: _____

Graduation/Termination Date: _____

Child Information

First Name: _____ Last Name: _____ M.I.: _____ Nickname: _____

Birthdate: _____ Gender: _____ Child's Age on 8/31/19 : _____

Home Address: _____

Allergy/ Medical Concerns: _____

Child's Previous Year: ___ Preschool ___ FCA ___ Other: _____

Family Information

Mother/Guardian Name: _____ Phones: _____

Home Address: _____ Home: _____

Employer: _____ Position: _____ Cell: _____

Email Address: _____ Work: _____

Father/Guardian Name: _____ Phones: _____

Home Address: _____ Home: _____

Employer: _____ Position: _____ Cell: _____

Email Address: _____ Work: _____

Custody:

Does the child live with both biological parents who share primary custody of the child? _____

If no, please explain your family dynamic below: _____

Siblings: (Please list first names and ages)

Home Church: _____ How did you hear about FCA: _____

Much of our FCA communication will come digitally through email. Please make sure that you have a current email listed and please regularly check your email account.

Which parent(s) would like to receive emails and updates? _____

Would you be interested in volunteering or subbing at the school? _____

Emergency Contacts and Authorized Pick Up List

Primary Drop Off and Pick Up Person:

Name: _____ Relationship: _____ Phone Number: _____

In case of emergency (when the parent/guardians cannot be reached) I authorize Little Promises Preschool to contact the below listed individuals:

Name: _____ Phone Number: _____

Relationship: _____ Authorized Pick Up: _____

Name: _____ Phone Number: _____

Relationship: _____ Authorized Pick Up: _____

In addition to the individuals listed above, my child may also be released to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Notices and Permissions

I authorize permission for FCA employees to photograph my child. My child's photograph will be taken for the purpose of – a closed avenue in which photographs can be shared with our families, for slideshows during school, church events and for advertising purposes.

My child's name will NOT be printed or otherwise revealed in connection with the image(s) in advertising purposes and pictures will only be taken during the activities within our program.

Consent for school use: _____ YES _____ NO

Consent for advertising purposes: _____ YES _____ NO

Signature: _____ Date: _____

I give permission for my child to ride the New Covenant Fellowship (NCF) Bus or Van. I release NCF and individuals from liability in case of accident as long as normal safety procedures have been taken. I will be notified prior to my child riding in the bus or van.

Signature: _____ Date: _____

I authorize permission for FCA employees to provide basic first aid on behalf of my child. This includes applying antibiotic ointment, and other simple first aid treatments. *FCA employees will not give medication to any students without written consent from a parent.*

Signature: _____ Date: _____

In the event that my child requires emergency medical care, and a parent/guardian cannot be reached, I authorize permission for all medical and surgical treatment or procedures as may be performed or prescribed by the attending physician and/or paramedic for my child and waive my right to consent of the treatment.

Signature: _____ Date: _____

Preferred Emergency Medical Facility: _____

Medical Insurance: _____ Group/Policy Number: _____

Tuition Fees and Agreement

2020/2021 Fellowship Christian Academy Tuition

Current Student Reenrollment Fee - \$75

New Student Registration Fee - \$100

Tuition - \$4700

Kindergarten Book Fee - \$300

Elementary Book Fee - \$400

Enrolling Kindergarten students must be five by August 31st, 2020.

Student Name: _____ **Grade:** _____

Before Care will be available starting at 7:00 am each morning that we have school. The cost per week is **\$25**. Checks must be written separately and to Little Promises Preschool.

After Care is available for our students until 6:00 PM each day. The fee per week is \$20. Checks must be written separately and to NCF Afterschool. This fee is deeply discounted for our FCA students due to an existing program in place on our campus.

- Our family plans to use Before Care for the upcoming school year. (\$25 per week)**
- Our family plan to use After Care for the upcoming school year. (\$20 per week)**

The yearly tuition for Fellowship Christian Academy is \$4,700. Please select one of the options below for the upcoming school year.

- Pay tuition in FULL (\$4,700 due by Sept 1st)**
- Split tuition payment into fall and spring payments (\$2,350 due on August 1st and January 1st)**
- 11 month installment plan (\$428 per month starting on July 1st and ending May 1st)**

**** 11 month payments will come out to a total of \$4,708 with an eight dollar convenience charge.**

In addition your registration fee of \$100 is due with this application, and your book fee is due at back to school night. Tuition payments are due on the first school day of the month. We allow a 5 day "grace" period, send a written reminder and charge \$10 for late payments after that time. Consistent late or missed payments, may result in your child's dismissal from the program. Our office is willing to work with families who have found themselves in a hardship; however, proactive communication is necessary on your part for us to be able to come up with a plan together.

By signing below, we agree to make all payments in a timely manner and communicate if we face a hardship.

Printed Name: _____ **Date:** _____

Signature: _____