



FAMILY CHRISTIAN CENTER SCHOOL

BEFORE and AFTERCARE APPLICATION

Student Name: _____ Grade: _____ Age: _____
Please Print Name

Review the following to ensure completion of the application process.

- Registration fee (due upon submission of packet)
- Discipline Policy **signed**
- Before and Aftercare Policies and Procedures **signed**

OFFICE USE ONLY

<p style="text-align: center;"><u>BEFORE CARE SCHEDULE:</u></p> <p><input type="checkbox"/> Monday-Friday</p> <p><input type="checkbox"/> Wednesday Only</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><u>AFTERCARE SCHEDULE:</u></p> <p><input type="checkbox"/> Monday-Friday</p> <p><input type="checkbox"/> Wednesday Only</p> <p><input type="checkbox"/> Other: _____</p>
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REGISTRATION:

- \$35.00 fee paid Method: _____
- Check number: _____
- Date Paid: _____

FCCS BEFORE and AFTERCARE RATES

Financial arrangements for _____ Grade _____ Age _____
(Please Print Student Name)

The Family Christian Center School Before and Aftercare program is open to any student in elementary and middle school enrolled in FCCS. We believe in providing students with the right tools that will help them be their academic best and also help them in their spiritual development.

OPTIONS AVAILABLE:

Before Care: 7:00 AM – 7:45 AM, Monday - Friday; \$3 per day, per student

Aftercare : 3:00 PM – 6:00 PM, except Wednesday, 1:00 PM – 6:00 PM; pricing below

AFTERCARE: FCCS STUDENTS		AFTERCARE: SPECIAL OFFERS	
Registration (one time)	\$35.00 per student	Family of 2 students	\$105.00 per week
Monday-Friday	\$55.00 per week	Family of 3 students	\$135.00 per week
Wednesday Only	\$25.00 per student	Wednesday Only (per student)	\$80.00 per month
Drop-In Fee (Daily)	\$25.00 per student		

- **Registration:** Each student will be charged a \$35 **registration fee** due with completed application. This deposit is non-refundable. Parents must pay the registration fee when submitting application.
- **Payments:** *Checks are to be made out to Family Christian Center School*

_____ **Monthly Plan**

For participation in this plan, payment must be received prior to the beginning of the month child care is required. (i.e.: If care is needed for month of September, payment must be made by end of August.) A late fee of \$25.00 will be charged for payments made after the required timeframe/date. Rates will be calculated based upon the number of weeks in the month.

_____ **Weekly Plan**

For participation in this plan, payment must be received no later than the Friday before the week child care is required. A late fee of \$25.00 per week will be charged for payments made after required Monday afternoon.

By signing below, I affirm my understanding and agreement to the above financial arrangements.

Parent Signature: _____

Date: _____

Parent Printed Name: _____

Please return completed application and applicable fees to our admissions office.

STUDENTName: _____
Last First MiddleGrade Level Intent: **K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12**

Date of Birth: _____ Gender: M/F

FatherName: _____
Last First Middle Suffix

Preferred Name: _____ Email Address: _____

Mobile Phone: _____ Home Phone: _____

Company Name: _____ Job Title: _____

Work Phone 1: _____ Work Phone 2: _____

Work Email: _____ Work Fax: _____

MotherName: _____
Last First Middle Suffix

Preferred Name: _____ Email Address: _____

Mobile Phone: _____ Home Phone: _____

Company Name: _____ Job Title: _____

Work Phone 1: _____ Work Phone 2: _____

Work Email: _____ Work Fax: _____

FCCS BEFORE and AFTERCARE APPLICATION

FAMILY INFORMATION

FAMILY INFORMATION

Primary Parent: Mother / Father / Both / Other: _____			
Address Line 1: _____			
Address Line 2: _____			

City	State	Zip Code	County

EMERGENCY CONTACTS (those who may pick up your child from school in addition to parents)

1) Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____
2) Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____
3) Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____
4) Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____

CHILD'S PASSWORD: _____

The following people may NOT pick up my child from FCCS at any time:

Name: _____ Name: _____
Name: _____ Name: _____

AUTHORIZATION FOR EMERGENCY TRANSPORT

In the event that my child _____ becomes ill or is injured while under the supervision
(Please Print Full Name)

of Family Christian Center School, I hereby authorize the school's administration to take whatever steps necessary to ensure proper medical care rendered to my child in the event of an emergency.

I authorize consent to transport my child _____ by ambulance to the closest available emergency facility when the situation is warranted by the discretion of the Family Christian School administration.

In the event of an emergency that requires Family Christian Center School to vacate the premises and I am unable to be reached, I hereby authorize FCCS administration to transport my child to an alternate safe environment. I understand that once transported to designated safe environment, further attempts to contact me will continue until I am reached.

Parent Signature: _____ Date: _____

HEALTH INFORMATION

Does your child have any health conditions? YES NO

If yes, please explain in full detail:

Current medication(s) prescribed & for what purpose(s):

ALLERGY INFORMATION - LIST ALL RELEVANT ALLERGENS

STUDENT NAME: _____

GRADE: _____ AGE: _____

▮ **MEDICATIONS:**

Symptoms of this allergy:

☞ _____
☞ _____
☞ _____
☞ _____

Describe necessary procedures and medicine after exposure to allergen:

▮ CALL 911

▮ **ENVIRONMENTAL:**

Symptoms of this allergy:

☞ _____
☞ _____
☞ _____
☞ _____

Describe necessary procedures and medicine after exposure to allergen:

▮ CALL 911

▮ **FOODS/EDIBLES:**

Symptoms of this allergy:

☞ _____
☞ _____
☞ _____
☞ _____

Describe necessary procedures and medicine after exposure to allergen:

▮ CALL 911

▮ **INSECTS:**

Symptoms of this allergy:

☞ _____
☞ _____
☞ _____
☞ _____
☞ _____

Describe necessary procedures and medicine after exposure to allergen:

▮ CALL 911

STATEMENT OF NON-DISCRIMINATION

Family Christian Center School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

Family Christian Center School does reserve the right to use fair and appropriate selection criteria that reflects its stated goals and objectives to fulfill its purpose and academic standards. Using these criteria, Family Christian Center School administration also reserves the right to reject a student applicant for enrollment if for any valid reason the student proves to be inconsistent or incompatible with FCCS's purpose and standards.

MEDIA RELEASE AGREEMENT

_____ **I grant permission** for my child's photograph or video image to be taken while he/she is in the care of Family Christian Center School. Such images may only be used in FCCS presentations or promotional materials and in such things as marketing handouts, the FCCS website, and social media sites.

_____ **I do NOT grant permission** for my child's photograph or video image to be taken while he/she is in the care of Family Christian Center School and it may not be used for any marketing purpose except the school year book.

Parent Signature: _____ Date: _____

EXCEPTIONALITIES

Does your child have any physical, emotional, or learning disabilities? YES NO

Please explain: _____

**This information will aid in any necessary accommodated means of interaction with your child.

FCCS BEFORE and AFTERCARE STATEMENT OF COOPERATION

I recognize that Family Christian Center School is an educational institution operated as a ministry of Family Christian Center and staffed by those whose aim is to benefit all children without discrimination and I realize that attendance is a privilege. Therefore, I hereby agree to cooperate with the administration by supporting its policies, procedures and disciplines.

I agree to hold FCCS and its agents harmless of liability in cases of any actual or alleged injury to my child in cases of routine, school-sponsored and supervised activities for which the school has no control. I further agree to pay all legal fees (attorney, court, damages or other costs) incurred by FCCS arising from any legal action brought against the school or its agents or employees for which the school is found to not be at fault.

I will fully cooperate with FCCS in the education of my child and to adhere to all school plans, policies and regulations. I agree to collaborate with the teachers, administration and all other FCCS employees to quickly resolve any issues or problems. Troubles with academics or the classroom will be taken to the child's teacher first for immediate resolution, and then to the principal for final discussion if necessary. I will not undermine the school, its employees or programs and I will be careful not to make unconstructive negative comments, either in person or on social media (i.e.: Facebook, Twitter, Instagram, etc.).

I understand that FCCS reserves the right to dismiss a child, after thorough consultation with administration, classroom teacher(s), and the child's parents if the child does not make necessary adjustments to fully adhere to all policies, rules of conduct, and academic or behavioral standards.

I further agree to read and abide by all Family Christian Center School policies as stated in the FCCS Student/Parent Handbook. I understand that at times Family Christian Center School may need to make necessary changes to certain Handbook policies and that they reserve the right to do so.

By signing this agreement, I acknowledge that I have read and understand the terms of this contract and I agree to the terms, policies and conditions stated herein. My signature below also indicates that I assume complete responsibility for maintain the financial agreement between my family and Family Christian Center School.

My signature below will validate this Statement of Cooperation for the entire length of my child's enrollment at Family Christian Center School and it will not expire until my child is formally withdrawn or graduated.

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

