

Student Name: _____
Please Print Full Name

Grade Entering: _____

FOR OFFICE USE ONLY

Date: _____ Time: _____

Amount Paid: _____

Received by: _____



FAMILY CHRISTIAN CENTER SCHOOL ENROLLMENT PACKET 2017-2018

Please REVIEW the following to ensure completion of the application process before submitting.

- Registration Deposit fee \$50.00 (Due with all documents below)
- Copy of Original Birth Certificate
- Florida State Immunization Form **7th grade students MUST have an updated form on or before 1st day of classes***
- Florida State Physical Form*
- Report Card from previous school
- Transcript from previous school (High school students only)
- Financial contract **signed**
- Copy of Scholarship Award Letter (if applicable)
- Copy of current IEP and/Educational Plan (if applicable)
- Paradise Park Permission Waiver **signed**
- Sky Zone Permission Waiver (**Click here to fill your online waiver**)
- All new students are required to provide 2 referral letters, one from a spiritual leader/minister and one from an educational leader/mentor

**All immunization and health records and any special medical requirements must be submitted to the school before the student can be permitted to attend class. Your doctor has the necessary forms required by the Florida Department of Health. These forms must be originals and they must be signed by the student's physician. Please be sure to allow enough time to complete the Hepatitis B series.*

FINANCIAL RATES FOR THE 2017-2018 SCHOOL YEAR

Financial arrangements for _____ Grade _____ Age _____
(Please print student name)

NON-REFUNDABLE FEES:

Registration Fee (Due with all applications)	\$50.00
Re-enrollment Fee (Returning students)	\$325.00
New Enrollment Fee (New students only)	\$375.00
Curriculum Fee (All students – this fee is already included in tuition pricing)	\$400.00
Athletic Fee (If applicable)	\$200.00
Educational Planning Service (EPS)	\$1200.00

TUITION: *(Pricing includes the \$400 non-refundable curriculum fee)*

Elementary School (K - 5 th)	\$5698.00
Middle School (6 th - 8 th)	\$5798.00
High School (9 th - 12 th)	\$5898.00
Homeschool (9 th - 12 th only)	\$3198.00

Creative Pathways (K-5th; Pricing includes \$400 non-refundable curriculum fee) **\$7900.00**

Creative Pathways Program is designed for students in grades K-5 that provides an innovative approach to learning for our children's creative minds. The cost is NOT in addition to tuition. (Please see additional information regarding this program on our website.)

Sibling Discount: 1st Student pays full tuition. A \$200 discount will be applied to each additional sibling.

Early Payment Discount: Receive a 2% discount when tuition is paid in full by August 5th.

➤ **Payment Options:** (All payments are due by the 5th of each month. If the 5th falls on a weekend, payments are due on the Friday before)

_____ **Monthly Plan (11 months):** This payment plan begins July 5, 2017 with a final payment in May 5, 2018.

Monthly payments will be Automatically Deducted from a checking, savings, or credit card account.

_____ **Monthly Plan (10 months):** This payment plan begins August 5, 2017 with a final payment in May 5, 2018.

Monthly payments will be Automatically Deducted from a checking, savings, or credit card account.

_____ **Scholarship (Specify Scholarship):** _____ **Amount of scholarship: \$** _____

Parent is responsible for paying any amount due, which is not covered by their student's scholarship. This remaining amount will be automatically debited from your checking, saving, or credit card account. Scholarship checks are delivered to the FCCS office on a quarterly basis. The parent listed on check must endorse check within 5 days of being contacted by the school.

Late payment: Monthly unpaid tuition and fee balance payments are due on or before the 5th of each month. A \$15 late fee is assessed for payments received after the 5th

NSF payment: Payments returned for insufficient funds are charged back to the tuition and fee account. A \$25 NSF fee is also charged to your account. Late fees may also be assessed.

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

Parent Signature: _____

Date: _____

2017-2018 STUDENT & FAMILY INFORMATION CONTINUED

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: _____
5) Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____

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

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

2017-2018 STUDENT & FAMILY INFORMATION CONTINUED

MEDICAL CONTACTS

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Hospital: _____	Phone: _____
Insurance: _____	Phone: _____
Policy Number: _____	

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
(Please Print Full Name)

Emergency Facility when the situation is warranted by the discretion of the Family Christian Center 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

STUDENT NAME: _____

GRADE: _____

┌ 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

LIST ALL RELEVANT ALLERGENS:

┌ 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

ACADEMIC BACKGROUND (Please list schools from most recent to least recent)

➤ **School Attended:** _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

➤ **School Attended:** _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

➤ **School Attended:** _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

****ALL HIGH SCHOOL APPLICANTS MUST ATTACH A TRANSCRIPT FROM THEIR PREVIOUS SCHOOL****

Has your child ever repeated a grade? YES NO If yes, please explain below:

1. Grade level repeated: _____ Number of grade level repetition: _____

School at which child repeated grade: _____

2. Grade level repeated: _____ Number of grade level repetition: _____

School at which child repeated grade: _____

DISCIPLINARY BACKGROUND

Has your child ever been dismissed, suspended or formally disciplined from a previous school? YES NO

If yes, please provide formal documentation from previous school regarding any and all instances.

EXCEPTIONALITIES

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

Please explain: _____

**** Please provide formal documentation that affirms the accuracy and severity of any and all disabilities. ****

RELIGIOUS BACKGROUND

Does your family attend church? YES NO

Does your child attend a Sunday school/children's church? YES NO

Name of Pastor(s): _____

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 be posted in classrooms or other appropriate places within the school, used in FCCS presentations or promotional materials and in such things as marketing handouts, FCCS website and social media sites and the school's yearbook.

_____ 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 with the exception of the yearbook.

Parent Signature: _____ Date: _____

How did you hear about us?

Referral: _____ Radio Newspaper Billboard Church
Referred by

Other: _____



2017-2018 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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARADISE PARK 2017-2018 PERMISSION FORM

I, _____ grant permission for my student
Print Legal Parent/Guardian Full Name

_____ to go to Paradise Park (*located beside Skyzone*)
Print Student First and Last Name

throughout the 2017-2018 school year.

I hereby release Family Christian Center School and Family Christian Center Church of any and all liabilities in case of any accidents.

I agree to hold Family Christian Center (FCC), Family Christian Center School (FCCS) and its agents harmless of liability in cases of any actual or alleged injury to my child in cases of 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 Family Christian Center or Family Christian Center School 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.

In the event of an emergency and I am unable to be reached, I hereby authorize FCC and/or 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.

By signing below I agree to the above terms and conditions.

Parent Name: _____ **Relation:** _____

Parent Signature: _____ **Date:** _____