



# FAMILY CHRISTIAN CENTER SCHOOL ENROLLMENT PACKET 2018-2019

<b>FOR OFFICE USE ONLY</b>	
Date: _____	Time: _____
\$ Paid: _____	
Received by: _____	
<b>Principal / Guidance Interview:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Student Name:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_  
*Please Print Full Name*

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Registration Deposit fee \$50.00 non-refundable<br/>(Due with all documents below)</li> <li><input type="checkbox"/> Copy of Original Birth Certificate</li> <li><input type="checkbox"/> Florida State Immunization Form 7th grade students MUST have an updated form on or before 1st day of classes*</li> <li><input type="checkbox"/> Florida State Physical Form*</li> <li><input type="checkbox"/> Report Card from previous school</li> <li><input type="checkbox"/> Transcript from previous school (High school students only)</li> <li><input type="checkbox"/> Financial contract signed</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Scholarship Award Letter (if applicable)</li> <li><input type="checkbox"/> Copy of current IEP and/Educational Plan (if applicable)</li> <li><input type="checkbox"/> Paradise Park Permission Waiver signed</li> <li><input type="checkbox"/> Sky Zone Permission Waiver (Click here to fill your online waiver)</li> <li><input type="checkbox"/> Do you require After Care <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> |
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*\*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 2018-2019 SCHOOL YEAR

### 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
Athletic Fee (If applicable)	\$100.00
TUITION: <i>(Pricing includes the \$400 non-refundable curriculum fee)</i>	
Elementary School (K - 5th)	\$5985.00
Middle School & High School (6th - 12th)	\$6195.00
Homeschool (9th - 12th only)	\$3295.00

**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.

*Note: Additional Educational Support Services may be needed for your student and additional fees may be assessed.*

**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, 2018 with a final payment in May 4, 2019. Monthly payments will be Automatically Deducted from a checking, savings, or credit card account.

**Monthly Plan (10 months):** This payment plan begins August 6, 2018 with a final payment in May 6, 2019. 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/Gardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2018-2019 SCHOOL YEAR STUDENT & FAMILY INFORMATION



## STUDENT

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Grade Level Intent:  K  1  2  3  4  5  6  7  8  9  10  11  12

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_

## FATHER

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone 1: \_\_\_\_\_

Work Phone 2: \_\_\_\_\_ Work Email: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## MOTHER

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone 1: \_\_\_\_\_

Work Phone 2: \_\_\_\_\_ Work Email: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## FAMILY

Primary Parent:  Mother  Father  Both  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

# 2018-2019 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



## EMERGENCY CONTACT

*(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: \_\_\_\_\_

## NOT ALLOWED

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

## MEDICAL CONTACTS

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY TRANSPORT

In the event that my child \_\_\_\_\_ becomes ill or is injured while under the supervision 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 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2018-2019 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



## HEALTH INFORMATION

Does your child have any health conditions?  Yes  No

If yes, please explain in full detail:

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

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## ALLERGY INFORMATION

*LIST ALL RELEVANT ALLERGENS.*

**MEDICATIONS:**  Call 911

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Symptoms of this allergy:

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Describe necessary procedures and medicine after exposure to allergen:

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**MEDICATIONS:**  Call 911

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Symptoms of this allergy:

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Describe necessary procedures and medicine after exposure to allergen:

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**ENVIRONMENTAL:**  Call 911

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Symptoms of this allergy:

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Describe necessary procedures and medicine after exposure to allergen:

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**INSECTS:**  Call 911

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Symptoms of this allergy:

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Describe necessary procedures and medicine after exposure to allergen:

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# 2018-2019 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



## ACADEMIC BACKGROUND

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:

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

# 2018-2019 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



## RELIGIOUS BACKGROUND

Does your family attend church?  Yes  No

If yes, Where? \_\_\_\_\_

Does your child attend a Sunday school/children's church?  Yes  No

If yes, Where? \_\_\_\_\_

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/Gardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## NOTES

How did you hear about us?

Referral by: \_\_\_\_\_  Radio  Newspaper  Billboard  Church

Other: \_\_\_\_\_



## 2018-2019 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 maintaining 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/Gardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PARADISE PARK 2018-2019 PERMISSION FORM

I, \_\_\_\_\_ grant permission for my student  
(Print Legal Parent/Guardian Full Name)

\_\_\_\_\_ to go to Paradise Park (located beside Skyzone)  
(Print Legal Parent/Guardian Full Name)

throughout the 2018-2019 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/Gardian Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Parent/Gardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# 2018-2019 STUDENT/PARENT HANDBOOK AGREEMENT

This handbook agreement acknowledges that we, the parents of an enrolled student at Family Christian Center School, agree to support the administrative, disciplinary, and spiritual standards of the school as described in the following statements:

1. I, the parent (or legal guardian), give permission for my child to take part in all school activities and absolve the school from liability to my child because of injury to my child at school or during any school activity.
2. I, the parent (or legal guardian), give permission for my child to participate in any meal related event. This may include, but is not limited to party food, cupcakes/cakes, doughnuts, and other similar foods.
3. I, the parent (or legal guardian), do hereby consent to the photographing/videotaping/advertising of my child while he/she is involved in any school, childcare or church activity during the present school year. I also consent to the release of my child's name (usually only first name will be used), both verbally and in print, when used in connection with said photography/videotaping/advertising. I do hereby release and waive any and all claims, demands or objections against the school, childcare or church in connection with or arising out of the said photography/videotaping/advertising.
4. I, the parent (or legal guardian), agree to provide Family Christian Center School (FCCS) with all of my child's current school records and forms. These records and forms will remain up to date and stay on file in the office.
5. I, the parent (or legal guardian), agree not to send my child to school if my child is ill, so as to prevent illness from spreading to other students.
6. FCCS reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable conduct, or any other reason it deems necessary. Neither the enrollment application, nor payment of fees is considered to be binding upon Family Christian Center School (FCCS).

## TUITION AGREEMENT

I, the parent (or legal guardian), agree to pay the tuition fees, any late charges or returned checks charges that may accrue as a result of not paying by the given deadline.

I, the parent (or legal guardian), agree to pay all collection costs including necessary legal fees involved in collecting delinquent accounts.

We, as parents (or legal guardians) further understand and support the Bible and religious teachings implemented in the daily schedule of Family Christian Center School (FCCS).

We, as parents (or legal guardians) understand that the yearly student enrollment form will not be considered without the yearly registration fee.

We, the parents (or legal guardians) of \_\_\_\_\_, have read this Student/Parent Handbook Agreement and the Student/Parent Handbook and we will cooperate with the policies and purposes of the school. collecting delinquent accounts.

We, as parents (or legal guardians) further understand and support the Bible and religious teachings implemented in the daily schedule of Family Christian Center School (FCCS).

We, as parents (or legal guardians) understand that the yearly student enrollment form will not be considered without the yearly registration fee.

We, the parents (or legal guardians) of \_\_\_\_\_, have read this Student/Parent Handbook Agreement and the Student/Parent Handbook and we will cooperate with the policies and purposes of the school.

**Father's Signature or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 2018-2019 PARENT/STUDENT AGREEMENT

I, (Parent/Guardian) \_\_\_\_\_, have read the Discipline Guide document and understand the information provided. I understand the consequences for my child breaking the rules mentioned in this document. I will do my best in helping my child maintain a testimony that is upright and commendable.

**Parent/Gardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, (Student)) \_\_\_\_\_, understand that I will be held responsible for my actions. I will do my best to follow the rules that have been given to me to follow by my teachers and principal at Family Christian Center School.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_