



Dear Parents,

We are excited and thankful that you have decided to reenroll your child(ren) at Faith Christian Academy. We are honored that you entrust your child(ren)'s academic future into our care. We are thankful to God for allowing us this opportunity and do not take it lightly. It is our heart's desire to provide your child(ren) with a strong academic curriculum and, at the same time, encourage and develop their spiritual walk with the Lord.

Attached are the forms that will need to be completed and turned in by March 15, 2019 along with your registration fee of \$225 per student. The registration fee must accompany these forms in order to hold a space for your child(ren). We can accept cash or check for the registration fee(s). If paying by check, please make checks payable to Church on the Rock. If paying by cash, please submit the cash in a sealed envelope marked with FCA Registration Fee(s), your child(ren)'s name and the amount enclosed.

Please provide your documents and registration fee(s) in a sealed envelope to Christina Guzman by March 15, 2019. If you are enrolling a first-time student along with your current student(s), please also complete the FCA Enrollment Packet for the first-time student, and we will review your application and will be in contact to setup an interview with you and the FCA staff in late March to mid-April. Also, the new student will take the California Achievement Test on Saturday, April 13, 2019 or May 4, 2019.

If you have any questions, please do not hesitate to contact me at the church office.

Again, we thank you for your trust and confidence in us to provide your child(ren) with a Christ-centered education and look forward to another great year.

Sincerely,

A handwritten signature in blue ink that reads 'Christina Guzman'.

Christina Guzman
Administrator
Faith Christian Academy



FCA Re-Enrollment Packet Checklist 2019-2020 School Year

Following are the forms that will need to be completed and turned in by March 15, 2019 along with your registration fee of \$225 per student.

STUDENT INFORMATION:

Student's Name: _____

- _____ Current Family Registration
- _____ Enrollment Contract
- _____ Registration Fee
- _____ Current Immunization Record (if additional shots are required for this school year)
- _____ Vision and Hearing Screening (where applicable – see below)
- _____ Scoliosis Screening (where applicable – see below)
- _____ Student Information Form
- _____ FCA Child Annual Waiver (with a copy of insurance)
- _____ FCA First Aid Permit
- _____ Authorization for Dispensing Medication (if applicable)

Health Care Records

- All kindergarten, 1st, 3rd, 5th and 7th grade students and first-time entrants through 12th grade must provide a Vision and Hearing Screening from their physician.
- All 6th and 9th grade students must provide a Scoliosis Screening from their physician.



FCA Current Family Registration 2019-2020 School Year

This form is not meant to simply hold a place for your child(ren), it is a financial commitment. By signing this registration form you agree that you are making a commitment to enroll the below child(ren) in Faith Christian Academy for the 2019-2020 school year.

PLEASE PRINT WITH BLUE OR BLACK INK

KINDERGARTEN – 12TH GRADE

STUDENT'S NAME	BIRTHDATE	GRADE (2019-2020)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Parent(s) or Guardian Signature:

_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Please sign and return this form and the Enrollment Contract with your registration fees by March 15, 2019 to reserve your place. Forms cannot be accepted without the registration fee and signed contract.



FCA Enrollment Contract 2019-2020 School Year

In consideration of the acceptance of this Enrollment Contract by FCA, the undersigned agrees to pay the required fees as specified below.

PLEASE PRINT WITH BLUE OR BLACK INK

KINDERGARTEN – 12 TH GRADE				
STUDENT'S NAME	GRADE	REG FEE DUE 3/15/19	PAYMENT PLAN A ONE PAYMENT NO BANK DRAFT DUE MAY 1, 2019	PAYMENT PLAN B 12 MOS. PAYMENT BANK DRAFT MAY 2019-APR 2020
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that my commitment to pay will help facilitate the costs for salaries and school expenses. Therefore, by signing below, I agree to pay the registration fee and understand that the registration fee is non-refundable. I also agree to pay the full tuition per student, as stated above, whether I choose to withdraw my student from Faith Christian Academy anytime during the 2019-2020 school year.

Parent(s) or Guardian Signature:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

FCA Office Use

Received By: _____ Date Received: _____

Amount Paid: _____ Payment Type: _____



FCA Student Information Form

2019-2020 School Year

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT'S NAME:

First

Last

Middle

Preferred Name: _____

Male: Female:

Birthdate: ____ / ____ / ____ Grade: _____

FAMILY INFORMATION:

Full Name of Parent(s)/Legal Guardian(s) Student Lives With:

_____ Father Mother Guardian Step-Parent
_____ Father Mother Guardian Step-Parent

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Internet Available at Home: Yes No Preferred Method of Contact: _____

List All Siblings in Your Home (Include Non-School Age Children):

_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____
_____	Grade: _____	Birthdate: ____ / ____ / ____

EMERGENCY CONTACTS:

Please provide the information below for two emergency contacts that have permission to assume temporary care of your child if you cannot be reached:

First Last Middle

Mailing Address City State Zip Code

Home Phone Cell Phone Email

First Last Middle

Mailing Address City State Zip Code

Home Phone Cell Phone Email

Check here if these people have permission to drop-off and pick-up your child at/from school.

MEDICAL INFORMATION:

For educational purposes, I wish to share the following information with Faith Christian Academy Staff:

Health Conditions: _____

Allergies: _____

Medications: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist below and to follow his/her instructions. If it is impossible to contact this physician/dentist, the school may make whatever medical arrangements they deem necessary.

Parent/Guardian Signature: _____

Name of Physician: _____ Office Phone: _____

Name of Dentist: _____ Office Phone: _____



FCA Child Annual Waiver 2019-2020 School Year

By signing below, I, _____ testify that I am the legal parent/guardian of the child(ren) listed below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and hereby declare that permission/consent has been granted for my child(ren) and/or custodial minor(s) to attend and participate in any events for the 2019-2020 school year with Faith Christian Academy. I understand what duties, responsibilities and tasks are required to participate in these events. I declare that my child(ren) is/are physically and mentally able and competent to participate in these events. I also hereby release the officers, employees, agents, or representatives of Faith Christian Academy and Church on the Rock, Georgetown from any and/or all liability associated with these events. I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity to submit below any known medical conditions and allergies for my children; as well as all activities that I wish my child(ren) not participate in. If there are any changes in medical, emergency contact and/or insurance information as well as any activities I do not want my child(ren) to participate in, I understand it is my responsibility to inform the officers, employees, agents, or representatives prior to each event by submitting an *FCA Annual Waiver Change Form*. I understand that events are subject to change and by signing this document, I agree to these terms for updated events as well. I understand that by signing the *FCA Child Annual Waiver Form*, I am not committing my child(ren) to attend all Faith Christian Academy events and that I am responsible to sign-up them up for each event for planning purposes.

I understand that if a student, parent, teacher, assistant, or substitute of Faith Christian Academy or individual that attends Church on the Rock organizes an activity or event that is not on the Faith Christian Academy or Church on the Rock calendar or does not have a sign-up sheet or slide on the pre-service presentation, it has not been authorized by Faith Christian Academy or Church on the Rock and is not a school or church-sponsored activity or event. I also understand that this form, as well as the Faith Christian Academy and Church on the Rock Guidelines and Procedures, would not apply to this activity or event and all responsibility and liability would fall solely on the individual organizing the activity or event.

MEDICAL INFORMATION:

List each child individually and list any allergies and/or medical conditions pertaining to each child. If there are no allergies and/or medical conditions, write N/A.

CHILD'S NAME	ALLERGIES	MEDICAL CONDITION

EXCLUDED ACTIVITIES:

List any activities, per child if applicable, that you DO NOT want your child(ren) participating in:

EMERGENCY CONTACT (REQUIRED):

Printed Name *Relationship* *Phone Number*

INSURANCE:

Do you have medical insurance? (If yes, a copy of your card is required.) Yes No

Signed this Day: _____ Month: _____ Year: _____

Printed Name *Signature* *Relationship to Child*



FCA First Aid Permit 2019-2020 School Year

By signing below, I, _____ testify that I am the legal parent/guardian of the child(ren) listed below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity below to submit any known medical conditions and allergies for my children. If there are any changes in medical and emergency contact information, I understand it is my responsibility to inform the officers, employees, agents, or representatives and update the school office.

FIRST AID CARE:

List each child individually and circle Yes or No for each first aid item. If you choose no, please indicate your preference for treatment.

CHILD'S NAME	BANDAGE/ GAUZE	COLD PACK	ANTIBIOTIC CREAM	ANTI-ITCH CREAM	ALCOHOL SWAB	PREFERENCE
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

List each child individually and list any allergies and/or medical conditions pertaining to each child. If there are no allergies and/or medical conditions, write N/A.

CHILD'S NAME	ALLERGIES	MEDICAL CONDITION

Parent/Guardian's Signature:

Printed Name *Signature* *Date*



FCA Authorization for Dispensing Medication 2019-2020 School Year

PARENT'S AUTHORIZATION:

By signing below, I authorize the officers, employees, agents, or representatives of Faith Christian Academy to dispense the following medication to my child. The medication must be in its original container and labeled with the child's name and the date medication was provided to the school. Medication can only be administered in the amount stated in the label directions.

Child's Name: _____

Parent/Guardian's Signature: _____

Printed Name
Signature
Date

MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					

MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
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Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					