

Family Church Academy

Admission Procedures

Qualifications for New Students:

1. Satisfactory completion of all application forms and fees.
2. A satisfactory personal interview with the administrator for parent and student.
(Bring current report card and latest test scores)
3. References required for all students from the last school/daycare attended, including behavior and payment history. (FCA does not admit students who have been expelled from another school)
4. Satisfactory results on placement test, if applicable.
5. K5 students must be 5 years old by September 15th.
6. Agree to comply with policies and procedures of Family Church Academy.
7. The office must have a copy of the following paperwork:
 - a. Completed Registration Packet
 - b. Current Immunization Record
 - c. Birth Certificate issued by the state of birth
 - d. Transcript material information (former school's address and telephone numbers)
 - e. Most recent report card and SAT scores
 - f. Picture of child (ren) and parent. (Picture can be taken at interview)

Qualifications for Returning Students:

1. Satisfactory completion of all application forms, registration packet and fees
2. Satisfactory academic work, conduct and work habits
3. Current Immunization Record
4. Parent cooperation and support
5. All financial obligations satisfied

General Policies Governing All Admissions:

1. Final acceptance of students and grade level placement is based upon interview between parents, child, teacher, and administrator.
2. Enrollment for students is understood to be for the full school year. Withdrawals from school must be made through the school office and a withdraw form must be completed 7 days in advance.
3. A student is expected to meet the academic standards of the school. He/She must be willing to abide by the regulations and customs of FCA in attitude and action.
4. FCA Administration reserves the right to dismiss a student whose presence is considered detrimental to the best interests of the school in general. The school reserves the right to refuse re-admittance to any student at the beginning of any semester.

Notice of Nondiscriminatory Policy: Family Church Academy 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. FCA does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies or other school administered programs.

Family Church Academy Contract Agreement

Cooperation Requirements

Family Church Academy is a Christian school. All students attending Family Church Academy should be a result of the parent's desire to have their child educated in accordance with the educational philosophy of Family Church. In order for this program to be effective, parental cooperation is essential. Parents who find themselves in disagreement with the program and philosophy at Family Church Academy retain the right to remove their child. Likewise, the administration of Family Church Academy retains the right to dismiss anyone from the program who, in the sole judgment of the administration, is considered to be uncooperative with the program.

Discipline Philosophy

One of the purposes for Family Church Academy is to be a support of the Christian home. If a student is taught to be respectful and obedient at home, that student will respond with the same behavior pattern at school. We do not expect inappropriate behavior, but we do believe that you cannot train a child unless you have parental control. These two factors must balance as we train the whole child, spirit, soul, and body.

If order cannot be maintained because of the student's conduct, the following procedure will be implemented.

1. The student will be removed from the classroom and taken to the school office.
2. Correction must be administered by one of the following methods:
 - a. One or possibly both parents will be contacted; you may be asked to come to the school at your earliest convenience to administer appropriate discipline or for a parent/teacher/administrator conference. If parent(s) cannot come to the school, you will be expected to discipline the child at home and provide information about the method of discipline used to the school administration.
 - b. Corporal Punishment will **never** be administered by the school administration.
3. Discipline guidelines are:
 - a. Discipline will be administered.
 - b. Student will be counseled.
 - c. Student will be assured by the teacher that fellowship is restored and bond of love is still intact when he/she returns to the classroom.
 - d. Student will take a note informing his/her parent(s) of the incident for review and signature to be returned to the office.

Discipline, normally, will be the use of positive reinforcement, removal of specific privileges for a determined amount of time or the assignment of a non-academic task.

Family Church Academy

Contract Agreement Continued

No Tolerance Policy

I understand Family Church Academy's "No Tolerance" policy regarding profanity, obscenity in word or action, dishonor to the Holy Trinity or the Word of God, or disrespect to the personnel of the school, threats of any kind toward students, faculty or others will not be tolerated. Possession or use of drugs, alcohol or any weapon is grounds for immediate expulsion. It is understood that attendance is a privilege and not a right. Any student who does not conform to the standards and regulations of the institution may forfeit this privilege. The school may request the withdrawal of any student at any time that, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he/she conforms to the specific rules and regulations of the school.

Field Trip Agreement

I hereby consent to have my child participate in the field trips supervised by the teaching staff away from the school campus to nearby points of interest. I understand that I will be notified of all field trips in advance. I understand that my child(ren) will be under adult supervision at all times. I release and hold harmless Family Church Academy, its trustees, officers, employees, and volunteers from any liability, past or future, fully and completely. I authorize the administrative/teaching staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.

Tuition & Fees Agreement

Family Church Academy hires teachers on a yearly basis, secures equipment and makes necessary provision on the strength of student enrollment. Our ability to meet the needs of the school depends upon your adherence to this tuition contract. Please seriously consider the obligation before signing. Monthly tuition and all other fees are **nonrefundable & nontransferable**. All fees must be paid and all paper work submitted and approved before admittance. Discounts are available for multiple children who are dependant children living under the same roof and **must be approved** by administration prior to admittance. Please contact the office for more information. Tuition will be billed regardless of student's attendance. If a student attends any portion of a month, the entire month's tuition must be paid. This contract is binding for a whole year. An exception will be made only if the withdrawal is due to loss of employment, with resultant move or transfer from the greater Little Rock area.

A student is expected to meet the academic standards of the school and to conform to the regulations and the spirit of the school to retain his/her place. Regulations are stated in the Policy Manual and Registration Packet. **Please read this carefully.** The school reserves the right to insist upon the immediate withdrawal of any student whose presence in the school is considered detrimental either to the student's or the school's best interest. Withdrawals from school must be made through the school office, and a withdrawal form must be completed at least 7 days prior to the last day of attendance. Failure to provide mandatory notice may forfeit any credits/refunds and may delay bank draft discontinuation. Records will not be released until the account is current.

Academy Payment Schedule

Everyone is required to use the preauthorized *Automatic Bank Draft Method*. A **voided check** from your account will be required to initialize this bank draft. There is a \$10.00 fee to change accounts. Bank drafts that are returned for insufficient funds will be charged a returned check fee of \$25.00. Your account must be cleared 7 days from the date the school notifies you of your insufficient funds or this could result in dismissal of your student. No report cards or records can be released if accounts are not clear. FCA reserves the right to include all outstanding balances and fees in the bank draft. In the event of withdrawal, I fully understand that upon approval of my completed 7 day advance notice, my bank draft will cease.

Students Grade	Entrance Fee (Registration, Books, etc.)	Amount due at Registration
K5-9th	\$450.00	\$450.00 + August Tuition
K5-9th GRADE TUITION		
		School Term Tuition
1st child		\$2850
2nd child		\$2100
3rd child		\$1350
4th + child		Free
<p><i>*Entrance fees are the same for all children regardless of the number of children.</i> <i>*Multiple Child discounts are for Academy-age children only(K5-9th)</i></p>		

- Entrance fees are non-refundable/non-transferable.
- An IOWA Test of Basic Skills will be given each spring to all students.

Family Profile Questionnaire

To insure accurate information, we request that you complete a separate packet for each student enrolled.

I am registering my child for:

Grade Applying For _____ Age of Child _____ Enrollment Date _____
Start Date _____

Student's Last Name _____ M/I _____ First Name _____

Goes By _____ Male/Female Date of Birth _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____

Daycare or School Last Attended _____ Grade Completed _____

Address of Former School _____

Director / Principal's Name _____ Phone Number _____

Parent Information

Parent 1

Last Name _____ Mr. /Mrs. _____ First Name _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Work Hours _____

Work Phone _____ Cell Phone _____ *Email _____

Relation to Student _____ Martial Status: S M Sep D W Live with Student: Yes / No

Parent 2

Last Name _____ Mr. /Mrs. _____ First Name _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Work Hours _____

Work Phone _____ Cell Phone _____ *Email _____

Relation to Student _____ Martial Status: S M Sep D W Live with Student: Yes / No

**Authorized to pick up student or care for student in case of an emergency if parents cannot be reached.
Must have Drivers License copied before they are allowed to pick up student.**

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Names of brothers and sisters:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

References:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Is your student in the custody of only one parent? Yes / No

***If yes, please list legal custodian's name** _____

***A copy of all legal documents must be kept in the student's file.**

Person responsible for account _____

Name of church attending _____

Pastor's Name _____ Phone _____

How did you hear of Family Church Academy? _____ Referred By: _____

Why do you want to send your child to Family Church Academy? _____

Advertising Release Form

I understand that the use of my child's (children's) picture for advertising purposes by Family Church, Family Church Academy and Destined to Win, is voluntary. I do not expect any special privilege, special compensation or payment in any way from any of these entities or its advertising agency for the use of my child's (children's) name and /or picture.

I hereby grant Family Church, Family Church Academy and Destined to Win, and its advertising agency permission to use my child's (children's) name and/or picture in newspaper ads, billboards, and other publications, radio and television commercials, brochures, year books and any other form of marketing and advertising chosen by Family Church, Family Church Academy and Destined to Win, and/or its advertising agency.

Parent Signature

Printed Name

Child's Name

Date

Playground Liability Release

I, the undersigned, agree that Family Church Academy/Destined To Win/FOM, Inc. is not liable in the case of an accident in the school, or on the premises. I stand in agreement with the Academy for the well being of my child. In case of an extreme emergency occurring while my child, _____, is in the care of Family Church Academy and I cannot be reached immediately, I give my permission for my child to be taken to the Saline Memorial Hospital in Benton. I also assume responsibility for expenses incurred at that time.

Additional Information: _____

Medical Liability Release

In case there is not time to be contacted, I hereby give my consent for EMERGENCY MEDICAL CARE for _____ during the time that they are under the supervision of a Family Church Academy staff member, Family Church staff member, or their children’s sponsors during the school year.

I/We, the undersigned, do hereby release, remiss and forever discharge all sponsors, Family Church Academy and Destined to Win/FOM, Inc. from any and all claims, demands, actions or courses of action, past, present, or future arising out of any damage or injury while participating in the children’s activities sponsored by Family Church during the school year.

I hereby give I do not give permission for Family Church Academy’s appointed representative to give my child, _____, Tylenol and any necessary emergency medical treatment. I understand that I will be notified before Tylenol or emergency medical treatment has been administered to my child.

Immunizations:

Please attach a current copy of your child’s immunization record. State law requires that no student be admitted without an up to date immunization record.

Has your child ever had the following: (check all that apply)

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Influenza | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Measles | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Whooping Cough |

If yes, please explain _____

Does your child have any special needs? _____

If so, please describe in detail _____

Emergency Information

Physician's Name _____ Address _____ Phone _____

Insurance Company _____ Policy Number _____

Emergency Contact _____ Address _____ Phone _____

Emergency Contact _____ Address _____ Phone _____

Emergency Contact _____ Address _____ Phone _____

Extended Care K5-6th Grade only

The cost of this program is \$60.00 per month which will be included in the bank draft. Please fill out the extended care draft agreement attached to this packet. There is a drop in rate of \$5.00 per day, due at time of pick up. Payments should be placed in the FCA drop box located inside the side door, using the envelope provided. Cash payments will receive a receipt the following day.

Hours Needed _____

Family Church Academy Registration Packet

**Statement of Responsibility
2007-2008**

By signing below, I am stating that I have read, understand, and will abide by all the pages within this contract.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Family Church Academy
Authorization Agreement for Pre-Authorized Payments
2007-2008

Child's name _____ Amount of Draft \$ _____

Drafts will take place the 5th of every month unless the 5th falls on a weekend it will be processed the prior Friday. Drafts will be processed regardless of attendance and will be continuous until a 7 day advance notice of withdrawal is approved by administration.

Company Name: **Destined to Win/FOM, Inc. (AKA Family Church, Family Church Academy)**

I/we authorize Family Church Academy, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below and the depository named, hereinafter called depository, to debit the same to such account.

Depository Name/Bank _____

Address _____

City _____ State _____ Zip Code _____

Transit/ABA Number _____ Account Number _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us), of its termination in such time and manner as to afford COMPANY and DEPOSITORY a responsible opportunity to act upon it. Debit entries will be made with above financial agreement.

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Please attach voided check to this document.



FCA Academy
Extended Care Agreement
2007-2008

Extended care is available for K5-6th Grade students who need to be dropped off between 6:45 AM -7:30 AM and picked up between 3:40 PM -5:30 PM.

IMPORTANT

Should your child be picked up later than 5:30 pm, your child's account will be charged \$5.00 for every 5 minute increment past 5:30 pm.

Hours Needed:

AM _____ PM _____

I understand that the amount of \$60.00 will be added to my FCA 2007-2008 monthly draft payment. Since this is a monthly draft, absence from school or holidays observed by the school will not be credited or refunded.

Signature

Date



FCA Academy Milk Draft Agreement

Milk will be available by **draft only**.
Please complete one form for each student enrolled.

Check One:

- 1 Carton per Day for \$9.00 per Month

- 2 Cartons per Day for \$18.00 per Month

Effective Date: _____

Student Name: _____

Please Circle: K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Teacher's Name: _____

I understand that the amount of \$_____ will be added to my FCA 2007-2008 monthly draft payment. Since this a monthly draft, absence from school or holidays observed by the school will not be credited or refunded.

Signature

Date