



Farmers Christian Academy

"Education Is The Key!"

Preschool Enrollment 2017-2018

**Please fill out and bring in all appropriate forms listed below
to the school administrator.**



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STUDENT INFORMATION

STUDENT'S NAME _____
Last First Middle Preferred Name

HOME ADDRESS _____
Street City State Zip

HOME PHONE _____ MOBILE/ALTERNATIVE PHONE _____

GRADE _____ DATE OF BIRTH _____ - _____ - _____ MALE or FEMALE

WHAT IS THE NAME OF THE CHURCH YOUR FAMILY IS CURRENTLY ATTENDING?

NAME AND ADDRESS OF SCHOOL STUDENT IS CURRENTLY ATTENDING:

Name Street City State Zip

HAS YOUR STUDENT EVER REPEATED OR BEEN RETAINED IN ANY GRADE? No or Yes
If Yes, which grade? _____ Please Explain: _____

HAS THIS STUDENT EVER BEEN EVALUATED OR REFERRED FOR EVALUATION OF LEARNING DIFFICULTIES OR SCHOOL ADJUSTMENT PROBLEMS BY A SCHOOL OFFICIAL, PSYCHOLOGIST, OR OTHER PROFESSIONAL? No or Yes
If Yes, give the name of the school and details: _____

HOW WOULD YOU RATE YOUR CHILD'S HEALTH? Excellent Good Fair Poor

HEIGHT _____ WEIGHT _____

PLEASE LIST ANY MENTAL, EMOTIONAL, OR PHYSICAL HANDICAPS WHICH MAY AFFECT THE CHILD'S ACTIVITIES OR PROGRESS: _____

DOES THE APPLICANT REGULARLY REQUIRE MEDICATION?: No or Yes
If Yes, please explain: _____



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FAMILY INFORMATION

STUDENT'S NAME _____
Last First Middle Preferred Name

APPLICANT LIVES WITH: Father Stepfather Name of Stepfather _____
(circle all that apply)

Mother Stepmother Name of Stepfather _____

APPLICANTS: (circle all that apply) Father / Mother is deceased Parents are divorced / separated

PARENTS WITH WHOM THE CHILD LIVES:

FATHER/ STEPFATHER'S NAME _____

MOTHER/ STEPMOTHER'S NAME _____

LEGAL GUARDIAN (if other than biological parents, a court order must be provided)

HOME ADDRESS _____
Street City State Zip

WORK PHONE _____ MOBILE PHONE _____ EMAIL: _____

FATHER/ STEPFATHER'S OCCUPATION: _____

BUSINESS INFORMATION: _____
Name Street City State Zip

WORK PHONE _____ MOBILE PHONE _____ EMAIL: _____

MOTHER/ STEPMOTHER'S OCCUPATION: _____

BUSINESS INFORMATION: _____
Name Street City State Zip

WORK PHONE _____ MOBILE PHONE _____ EMAIL: _____

PARENTS WITH WHOM THE CHILD DOES NOT LIVE:

FATHER/ STEPFATHER'S NAME _____

MOTHER/ STEPMOTHER'S NAME _____

HOME ADDRESS _____
Street City State Zip

HOME PHONE _____ MOBILE PHONE _____ EMAIL: _____



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FAMILY INFORMATION CONTINUED

SIBLING INFORMATION:

NAME _____ AGE _____ CURRENT SCHOOL: _____

APPLYING TO FCA? Yes or No

NAME _____ AGE _____ CURRENT SCHOOL: _____

APPLYING TO FCA? Yes or No

NAME _____ AGE _____ CURRENT SCHOOL: _____

APPLYING TO FCA? Yes or No

NAME OF RELATIVES WHO ATTEND OR ARE EMPLOYED BY FARMERS CHRISTIAN ACADEMY:

NAME _____ RELATIONSHIP: _____

ADDITIONAL INFORMATION:

WHY DO YOU WANT YOUR CHILD TO ATTEND FARMERS CHRISTIAN ACADEMY?

WHAT EXPECTATIONS DO YOU HAVE OF YOUR CHILD AS A STUDENT HERE?



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AUTHORIZATION FOR CHILD PICK-UP

We understand that children may be picked up by adults, other than their parents and/or guardian. In order to protect your child, we are asking that you let us know, in advance, if you will have someone picking up your child from school or a related function. You may pre-authorize adults by completing the information below.

Please let the authorized person know that photo identification may be required if a staff member is unfamiliar with them.

STUDENT'S NAME _____ GRADE: _____

HOME ADDRESS _____
Street City State Zip

MOTHER'S WORK PHONE _____ MOTHER'S MOBILE PHONE _____

FATHER'S WORK PHONE _____ FATHER'S MOBILE PHONE _____

AUTHORIZED PERSON(S):

1) _____
Name (Please Print) Relationship to child Contact number

2) _____
Name (Please Print) Relationship to child Contact number

3) _____
Name (Please Print) Relationship to child Contact number

I/We authorize the above person(s) to pick up my child from school. I/We understand that permission will be in place until a change is communicated in writing to the school.

Parents Signature _____ Date: _____



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CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD

CHILD'S NAME _____

I am the natural parent/legal guardian of the above named child and I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my right of informed consent to such treatment..

FATHER'S SIGNATURE _____ Date: _____

MOTHER'S SIGNATURE _____ Date: _____

INSURANCE PROVIDER _____

POLICY HOLDER NAME _____

GROUP # _____ ID # _____

PREFERRED HOSPITAL _____ PHONE: _____

PREFERRED PHYSICIAN _____ PHONE: _____

PLEASE LIST ANY ONGOING MEDICAL ISSUES OR CONCERNS WE NEED TO BE AWARE OF (i.e. any type of allergies, asthma, etc.):

PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES ON A REGULAR BASIS:



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SUNSCREEN PERMISSION FORM

MY CHILD, _____,

_____ HAS PERMISSION TO USE SPF _____ SUNSCREEN AT SCHOOL

_____ **DOES NOT** HAVE PERMISSION TO USE SUNSCREEN AT SCHOOL

SUNSCREEN CAN BE APPLIED TO THE FOLLOWING AREAS (*circle all that apply*):

ARMS

LEGS

FACE

OTHER: _____

SUNSCREEN SHOULD BE APPLIED TO MY CHILD (*circle all that apply*):

AT PRESCHOOL, BEFORE GOING ONTO THE PLAYGROUND

AT AFTER SCHOOL, BEFORE GOING OUTSIDE

ONLY DURING PROLONGED OUTDOOR EXPOSURE (i.e. water day, field day, etc.)

PARENT SIGNATURE _____ Date: _____



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FINANCIAL CONTRACT

STUDENT'S NAME _____

FCA is a ministry that operates solely on tuition and gifts. Attendance is a privilege that requires a financial commitment. Your signature confirms agreement to the following:

- Hours of operation are 8:00am - 3:20pm
- A non-refundable enrollment fee of \$55.00 per family is due upon admission.
- A textbook fee of \$50.00 per student is due upon admission.
- **Full time** student tuition for the 20____ - 20____ academic year is \$2,200 payable in ten monthly payments of \$220. Tuition is due on the 10th of each month.
- Any payment received after the 10th of each month, unless the 10th falls on a weekend, will be assessed a \$20 late fee.
- In the event that an account is *more than 30 days late*, the student will be *suspended*.
- **PLEASE PAY ON TIME WITHOUT REMINDERS!**

“I agree to support Farmers Christian Academy and will fruitfully pay my obligations on time as outlined in this contract. I understand that all tuition payments and fees must be paid on time. I promise to be honest and honorable in all financial matters including payment of late fees. I will keep my child(ren) home and consider him/her expended in the event I do not pay what I owe.”

Parents Signature _____ Date: _____

Administrators Signature _____ Date: _____

Notice of Student Non-Discriminatory Policy

Farmers Christian Academy admits students of any race, color, national and ethnic origin, and grants them 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, admission policies, and other school administered programs.



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School Calendar 2017-2018

August	17	First Day of School
	23	Fundraiser Kick-Off
September	4	Labor Day - NO SCHOOL
	19	School Pictures
October	6	End of 1 st 9 weeks
	18	Educator's Convention - NO SCHOOL
	27	Harvest Festival
November	8	Veteran's Day Breakfast at 9:00am
	17	Thanksgiving Dinner at 12:00pm - Early Dismissal at 1:30pm
	20-24	Fall Break - NO SCHOOL
December	15	Christmas Break begins - Early Dismissal at 1:30pm
January	2	School Resumes
	15	Martin Luther King Day - NO SCHOOL
February	9	Annual Soup Bean Dinner & Auction
	19	President's Day - NO SCHOOL
March	1	Achievement Test Fee Due - \$27.00
	9	End of 3 rd 9 weeks
	12-16	Spring Break - NO SCHOOL
	19-23	Spring Early Registration \$55 (after this date it is \$80)
April	24-25	TESTING
	28	Annual 5K Run - 9:00am
May	17	Last Day of School

***Weather Related or Emergency School Closings will be published on WKYT 27 or WLEX 18 under Farmers Christian Academy.



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MEDIA RELEASE FORM

I hereby consent to the use of any photographs / video tape taken of my child by Farmers Christian Academy or the media, for the purpose of advertising or publicizing events, activities, facilities and programs of the Farmers Christian Academy in newspapers, newsletters, on websites, other printed publications, on television, radio or other communications or in other advertising media.

By law, the Farmers Christian Academy protects the privacy of its students and is prohibited from releasing student’s personal information. From time to time we take pictures for the use of newspaper and or website use. It is for this reason you may opt not to have your child’s photograph / video taken.

Please mark the appropriate box below, either giving or denying consent and return this form to school.

() YES, I allow my child/children to be identified in any good news district or school publication.

() NO, I do not want my child/children identified in any good news district or school publication.

Please Print:

Student’s Name

Street Address

City, State, Zip

If the above student is under the age of 18, please provide parental/guardian information:

Parent / Guardian’s Name

Street Address

City, State, Zip

Parents/Guardian Signature _____ Date: _____



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FIELD TRIP PERMISSION

Dear Parents,

We are planning to take several field trips / outings throughout the school year. We would like to have your permission on file along with a waiver releasing us (Farmers Christian Academy as well as staff, House of Prayer, Inc as well as staff and the actual driver of your child) from liability in the event of any accident / injury. Please let us know in writing if there is ever a time that your child is not allowed to be taken from the property.

Thank you,
Lesley Tackett

My child(ren), _____, has my permission to attend all outings / field trips with Farmers Christian Academy. I release all parties / entities mentioned above or any parties associated with those parties / entities listed above from all responsibility and indemnity in the case of an accident during these outings.

Parents/Guardian Signature _____ Date: _____