



Enrollment Check List	
Completed application	Y <input type="checkbox"/> N <input type="checkbox"/>
Interview conducted	Y <input type="checkbox"/> N <input type="checkbox"/>
✓	Documentation
	Parents/Guardian Picture ID (Original)
	Child's original Birth Certificate (Original)
	Freeport Christian Academy Enrollment Form
	Evaluation
	Report Card or Transcripts
	Proof of Legal guardianship (if applicable)
✓	Medical Information
	Medical History and Allergies Form
	Physical Form - Signed and stamped - must Include:
	<ul style="list-style-type: none"> • Eyes exam result • Physical Lead level result (LEAD) • Scoliosis test result • Tuberculosis screening results (PPD) • Immunizations record - Signed and stamped • Dental Form
✓	Optional
	After School Program 3 pm - 5:45 pm - Early Drop Off 7 am - 8 am
	<ul style="list-style-type: none"> • FAF – Registration (Additional Charge)
<p>These documents <u>must</u> be presented at the time of registration or the registration will not be accepted - NO EXCEPTIONS</p>	

Accounting & Registrations Department
Freeport Christian Academy



Dear Parents and Guardians,

It is our pleasure to welcome you to Freeport Christian Academy. We ensure you that our dedicated staff works very hard to meet the individual needs of all students, and maintain personal connections with their families.

We invite you to become an active participant in our school community through volunteering, joining our PTF, or attending and supporting school events. Research clearly supports that when parents/guardians participate and are involved in their child's education, there is a greater likelihood of academic success for the child.

We truly believe that communication is the key to a successful educational experience. Together, we will continue to improve the quality of our school community and provide the best for the children of Freeport Christian Academy. Education is a partnership between the school, students, parents/guardians, and community. All children are more successful when we work as a team to achieve educational goals.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

Denise Panucci

Denise Panucci
Principal



Enrollment Form

Enrollment Form							
Students Name	<i>Last</i>			<i>First.</i>			
Date of Birth	<i>M</i>	<i>D</i>	<i>Y</i>		<i>Male</i>		<i>Female</i>
Home address	<i>Address</i>						
	<i>City</i>	<i>State</i>	<i>Zip code</i>	<i>County</i>			
Mother/Guardian Name							
Home Phone #				Cell Phone #			
Job #				Ext #			



Please initial each section to indicate that you have read and understood the information.	
1 The annual registration fee (non-refundable) is required at the time of registration. It is part of the academy policy.	Initials
2 The tuition is based on a monthly payment and there are no exceptions for holidays, vacations, inclement weather, etc., and there will be no alternative days.	Initials
3 The annual tuition is based on a ten month school term, starting July 5th, 2020 , for all students within the Academy. The monthly <u>Tuition and Books</u> are required to be paid by August 5th, 2020 .	Initials
4 Student tuition must be paid between the 1st and the 5th day of the month; if the payment is late, there will be a late charge. If the 5th of the month falls on a Saturday or Sunday the deadline is extended to Monday. A late fee of \$15.00 will be charged on any school account showing an outstanding balance after the close of office hours on the 5th of the month, and students will not be admitted to class if payments are one week in arrears.	Initials
5 Families are responsible for a \$45 a year Facts fee that will be divided into 9 \$5 payments added to your monthly tuition. This fee will be waived for parents who choose the one-time payment option.	Initials
6 For all new parents with agreements finalized before the deadline (July 1st), must pay what is agreed in the first invoice to the accounting department, the same day of the student's enrollment with a money order. All subsequent payments are made through FACTS.	Initials
7 If for any reason your bank returns your check, there will be a \$30 charge.	Initials
8 The raising of funds is part of the registration and provides the means for the school to function. If I cannot fulfill the requirements, I will be responsible for the adequate charge for the event. The amount of this charge will be determined by the event, which will be a minimum of \$100.00 per event. I understand the charge is mandatory.	Initials
9 Late Pick Up: Freeport Christian Academy hours for students are from 8 am to 3 pm - before 8 am or after 3 p.m. \$25 (per student) will be charged to your account. Please be advised that no person other than the one listed on the authorization form for child pick up will be allowed to pick up a child without your written consent.	Initials
10 It is necessary that your child have his hair cut properly before entering school on _____. Please keep in mind that it is the school's policy for boys to maintain a proper hair cut which includes a neat trim on the sides and the back evenly tapered, without graphic designs, color, nor braids/twists/dread locks, or pony tails.	Initials
11 I understand Freeport Christian Academy discourages taking vacation during school days. In case of an emergency or overseas travel, I must notify the school and commit to my child completing all the required work.	Initials
12 If a parent or guardian removes a student from the school, a 30 day notice is required. Tuition if non-refundable.	Initials
13 I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the Academy from liability to me or my child because of any injury at school or any school activities.	Initials
14 I give permission to the Freeport Christian Academy to take pictures or video recordings of my child/children during regular school or camp activities. I understand that pictures or videos may be displayed and can be used for future publicity, only.	Initials
15 Freeport Christian Academy, does not discriminate against students of any race, color, nationality or ethnic origin.	Initials
16 I agree to the above and certify that all information provided in this document is accurate and up to date. By signing this document, I acknowledge I have read and I understand the information on this form.	Initials
17 Only for new parents with agreements finalized before the deadline (July 1 st), must pay what is agreed in the first invoice to the accounting department, the same day of the student's enrollment with a money order. All subsequent payments are made through FACTS.	Initials

Signature

Parent's Name

Date



Authorization for child pick up

The following persons are authorized to pick up my child. If I am not available, please call and send authorization in written form (must present an ID at the reception).

Name	Telephone
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



To Administrator or Registrar			
School Name			
Address			
Release of School Information			
Student's Name			
Current Grade		Grade Applying For	

The student named has applied for admission to Freeport Christian Academy. In order for the admissions application to be complete, the following materials are requested.

- Student transcripts, including the current and previous two years grades.
- Standardized testing results and any evaluations.
- Health records, including immunization report.
- All specialized program reports and/or records.

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.

No school records will be released for any student when there is an outstanding balance on the student's account. No certificates, diplomas, or awards will be provided to any student on graduation day when there is an outstanding balance.

I authorize the release of school records and information of the above-named student to Freeport Christian Academy. This release is valid for a period of one year from the date of my signature.

Signature

Parent's Name

Date



Dear Parents,

It is with great expectation that we announce that Freeport Christian Academy has partnered with Facts Management Company to help us manage our tuition payment program. FACTS is used by many schools locally and over 6,500 schools nationally. We are excited to be working with them and are confident this program will offer greater convenience, security and efficiency to all of our families.

One of our primary goals this year at Freeport Christian Academy is to concentrate our efforts on improving the business side of our school. By taking advantage of the convenience and security of payment processing and information technology offered by FACTS, we can achieve this goal.

You will realize these benefits by using FACTS for your tuition payment plan:

Payment Dates: There will be three payment plans available to families:

- Full Payment Plan (One-time payment plan)
- Partial Payment Plan (Two times payment plan)
- Monthly Plan (10 months August, October - June)

Payments under the monthly plan will be due by the 5th of each month. Automatic payments can be made from a checking or savings account (no extra charge) or from a variety of credit cards (extra charge).

Enrolling in FACTS: You may enroll in FACTS by going online or completing a FACTS paper agreement form.

Convenience & Security: Along with multiple payment plan options, your payments are processed securely through a bank-to-bank transaction.

Consumer Account: You may check your personal account or make payments online from the convenience of your home or office anytime.

All of these services will be available to you for a convenience fee of \$45 a year which will be included in your monthly statement (\$5). With FACTS, the school maintains decision-making control.

Thank you for your continued loyalty and support for Freeport Christian Academy. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation is appreciated, as we remain committed to our mission.



Note: FACTS web link:

<https://online.factsmgt.com/signup/>

Getting started - FACTS Account	
Online Access:	https://online.factsmgt.com/register/
Online Registration Code*	Freeport Christian Academy provided with a code with your payment agreement.
Create a new FACTS account (Username)	Freeport Christian Academy has already open an account for you
Create your online account profile	Please take a few minutes to create a user account
	Username*
	Password*
	Re-Enter Password*
	3 Security Questions
Press submit	
Make a Payment or View details	

If you have any question please contact us at 516-546-2020 ext. 10

Accounting & Registrations Department



After School Program -										
Registration Form										
					New Student		Returning Student			
Students Name		Last			First			M.I.		
Date of Birth		M	D	Y				Male		Female
Home address		Address								
		City		State		Zip code		County		
Mother/Guardian Name										
Home Phone #					Cell Phone #					
Job #					Ext #					
e-mail										
Father/Guardian Name:										
Home phone #					Cell Phone #					
e-mail										
Parent address if different than students				Address						
City		State		Zip code		County				

In case of emergency notify				Second Person in case of emergency notify						
Name				Name						
Phone #				Phone #						
Physician's name						Phone #				
How did you hear about us?				Internet		Advertisement			Other	

Financial Commitment & Policies		
	FAF I - FCA Students	FAF II Non-members
Registration Fee - Yearly	No Fee	\$ 50.00
Yearly Tuition	\$ 2000.00	\$ 2800.00
Monthly Tuition	\$ 200.00	\$ 280.00
FAF II Returning Students – Registration Fee - \$30		



After School Program - Authorization for child pick up

The following persons are authorized to pick up my child. If I am not available please call and send authorization in written (present an ID at the reception).

Name	Telephone
1	
2	
3	

Release and Authorization

Name of Student

Indicated in the space below are any health problems or conditions of which the school should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release FCA After School Program and its staff from any and all claims or damages of any kind arising out of my child's participation in exercise or program and further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Freeport Christian Academy or designated agents (being teachers or administrators employed by Freeport Christian Academy) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Freeport Christian Academy responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

Signature

Parent's Name

Date



Medical History and Allergy	
Student Name:	
Parents/guardians:	

It is important that the school is aware of any **FOOD ALLERGIES** your child may have. (Rash, itching and possible difficulty in breathing.) Please list your child's food allergies and sign on the bottom.

DO NOT INCLUDE FOOD YOUR CHILD DOESN'T LIKE OR DOESN'T EAT i.e. vegetarian, pork etc.

Medical Information	
Is your child allergic to any food or medication? If yes, please explain.	
Describe any operations or prolonged illnesses your child may have experienced. Please indicate date and diagnosis.	
Describe any disabilities your child may have.	
Describe any play restrictions your child may have.	
Date your child last visited the physician.	

I hereby authorize emergency medical treatment be given to my child In the event that I or the person designated cannot be reached.

Parent/Guardian

If your child has food allergies it is important that you notify the Health Office as well as your child's classroom teacher. While we work closely with the food services staff, it is important that you help us. Please review the monthly menus, work with your child about the food choices they make and speak with the food services staff if you have any questions. If you have any concerns about the possibility of an allergic reaction we recommend to send your child with food from home.

I give my permission to share this information with staff.

Parent/Guardian

Please feel free to contact the school nurse if you have any questions at (516) 546-2020. Ext. 39.



DENTAL FORM

Student s' Name		Date	
✓	A dental exam is required for new registered students. Annual dental examinations are recommended Please indicate in the spaces below the dental status of your child.		
	Under treatment: All necessary steps are being taken to correct dental defects.		
	All dental defects have been corrected.		
	Fluoride treatment given.		

_____ **Dentist Signature**

_____ **Date**

Please feel free to contact the School Nurse if you have any questions at (516) 546-2020. Ext. 39.

Note: Missing signature and or stamp will delay registration.

Dear Parents,

50 North Main Street, Freeport, NY 11520. Phone: (516) 546-2020, Fax: (516) 632-8920. Email: accountsrec@freeportchristianacademy.org



We are pleased to announce that the uniforms are not only of a better quality but also a more affordable price. Our supplier is Ideal Uniform Store. Present this letter to the store.

Ideal Uniforms

175 Rockaway Avenue,
Valley Stream, NY 11580
(516) 354-8255

Store Hours:

Sun 11 am - 6 pm
Mon - Sat 10 am - 7:00 pm

Girls Uniform	
FRENCH TOAST Girls Short sleeve Peter Pan blouse (Light blue)	
FRENCH TOAST Girls Long sleeve Peter Pan blouse (Light Blue)	
FRENCH TOAST Girls Grey Pleated Skirt (Dark grey)	
Girls Pleated Flannel Pants (Dark Grey)	
FRENCH TOAST Girls Navy Cross Tie (Navy Blue)	
School Uniform Unisex Cardigan (Light Grey) K - 8th grade	
Navy Blue Blazer - High School	
Girls School Uniform Cotton Knee High Socks (Navy Blue) or Girls School Uniform Cotton Tights Cotton	
Boys Uniform	
FRENCH TOAST Boys short sleeve shirt (Light Blue)	
FRENCH TOAST Boys Long sleeve shirt (Light Blue)	
Boys Pleated Flannel Pants (Dark grey)	
FRENCH TOAST Boys Solid Tie (Navy Blue)	
School Uniform Unisex Cardigan (Light Grey) K - 8th grade	
Navy Blue Blazer – High School	
Boys School Uniform Cotton Socks (Navy Blue)	
Reversible Belt (Black)	
Gym Uniform	
Gym T-Shirt with Freeport Christian Academy Logo	
Track Jacket with Freeport Christian Academy Logo	
Track Pants with Freeport Christian Academy Logo	

Freeport Christian Academy - Ideal Uniform web links.

Girls - https://www.idealuniform.com/department.aspx?dept_id=101156&view_all=1

Shoes: <http://www.idealuniform.com/Klix-Beaded-Leather-Mary-Jane>

Boys - https://www.idealuniform.com/department.aspx?dept_id=101155&view_all=1

Shoes: http://www.idealuniform.com/product_detail.aspx?product_id=104368&dept_id=100366

