



FREEPORT CHRISTIAN ACADEMY

2016-2017

"Children are a heritage of the Lord" Psalm 127:3

Enrollment Form

Form with fields for Student Name, Date of Birth, Home address, Mother/Guardian Name, Home Phone #, Cell Phone #, Job #, e-mail, Father/Guardian Name, Parent address if different than students, In case of emergency notify, Second Person in case of emergency notify, Physician's name, and IEP status.

\*if yes, please explain and attach copies of any reports.

By registering my child it is my desire to have him complete the school year. It is also my understanding that the school's policy is not to reimburse me for any registration fees, and only 75% (seventy five percent) of the books' fee will be reimbursed.

(Initials) 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.

Signature of parent/guardian

Date

I agree to the above and certify that all information provided in this document is accurate and up to date.



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

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

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***Signature***                      ***Parent's Name***                      ***Date***



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<b>Financial Commitment</b>		
<b>Child's name</b>		
<b>Address</b>		
<b>Grade</b>		
<b>Registration fee</b>	\$	<b>(non-refundable)</b>
<b>Tuition</b>	\$	<b>per month</b>
<b>Books</b>	\$	<b>Yearly</b>

**Financial Policies**

Student tuition must be paid between the **first and the fifth** day of the month; if the payment is late, there will be a late charge. If the fifth 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 fifth of the month. Students will not be admitted to class if payments are one week in arrears. If for any reason your bank returns your check, there will be a **\$35 charge**. If the bank returns two checks, then we will no longer be obligated to accept checks. Your account will be due either by cash or money orders, only.

**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**.

\_\_\_\_\_

**Signature****Parent's Name****Date**



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**Authorization for child pick up**

***The following persons are authorized to pick up my child. If I am not available please call:***

<b><i>Name</i></b>	<b><i>Telephone</i></b>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	
<b>5.</b>	
<b>6.</b>	
<b>7.</b>	
<b>8.</b>	

**Regulations for pick up**

In accordance with the licensing for the Freeport Christian Academy we are only authorized to have students within our facilities until 3:00 pm. After that hour, if we are unable to reach any contacts, your child will be dropped off at the Village of Freeport Police Station and a fee of \$25 will be charge to your account. It is a violation under the functioning conditioning of our licensing that any child remains in our facilities prior or after our regular hours (8:00 am.- 3:00 pm). 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.

**7<sup>th</sup> & 8<sup>th</sup> Grade student: Our regulations unable us to provide after school care for students attendant the 7<sup>th</sup> grade and above. Please make arrangements to pick your child up no later than 3:00 pm.** I have been notified of the schedule regarding pick-up policy.

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Parent's Name***

\_\_\_\_\_  
***Date***



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<b>Notice to Parents</b>			
<b>Student's name</b>		<b>Grade</b>	

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, or pony tails. We appreciate your total cooperation in observing our standards.

\_\_\_\_\_  
**Signature**                                      **Parent's Name**                                      **Date**

<b>Release of School Information Form</b>	
<b>To Administrator or Register</b>	
<b>Student's Name</b>	
<b>Current Grade</b>	
<b>Grade Applying For</b>	

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.

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

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

<b>School Name</b>	
<b>Address</b>	

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**



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**Authorization to attend/leave school without Guardian Form**

<b>Student's name</b>	
<b>Grade</b>	

I authorized my son/daughter to walk to, and from school.

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**Signature**

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**Parent's Name**

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**Date**



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### Registration Agreement

1. Please initial each section to indicate that you have read and understood the information. \_\_\_\_\_
2. The annual Registration (non-refundable) is required at the time of registration and it is part of the policy of the Academy. \_\_\_\_\_
3. For parents whose children attend Freeport Christian Academy, registration is due by the last day of the month of **April**.
4. The annual tuition is based on a ten month school term, starting **August 1st**, for all students within the Academy. The monthly tuition is required to be paid on the 1st of the month. The last monthly payment required for all the students will be **June 1st**. \_\_\_\_\_
5. All tuition payments received after the 5th of the month will be charged a late fee of **\$15.00**. All returned checks will be subject to a **\$35.00** dollar charge, and the rest of the due payments will be in cash or money order basis only.
6. 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. \_\_\_\_\_
7. If a parent or guardian removes a student from the school within a 30 day notice, the school has the option of pro-rating the tuition to return any monies due. A parent that does not notify the school within a 30 day notice that the child will not be returning, forfeits the tuition. The school reserves the right to cancel a registration if the situation merits it, and the portion of the tuition not used will be considered non-refundable. \_\_\_\_\_
8. The raising of funds is part of the registration and provides the means for the school to function. \_\_\_\_\_
9. I am in agreement in helping my child/children participate in the fund raising events. 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. \_\_\_\_\_
10. I understand Freeport Christian Academy discourages taking vacations 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. \_\_\_\_\_
11. By registering my child it is my desire to have him complete the school year. It is also my understanding that the school's policy is not to reimburse me for any registration fees, and only 75% (seventy five percent) of the books' fee will be reimbursed. 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. Freeport Christian Academy, admits students of any race, color, national or ethnic origin. \_\_\_\_\_
12. (Initials) 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. \_\_\_\_\_

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. \_\_\_\_\_