



<b>Enrollment Check List</b>	
	<b>Completed application</b> Y <input type="checkbox"/> N <input type="checkbox"/>
	<b>Interview conducted</b> Y <input type="checkbox"/> N <input type="checkbox"/>
✓	<b>Documentation</b>
	<b>Parents/Guardian Picture ID (Original)</b>
	<b>Student Birth Certificate (Original)</b>
	<b>Enrollment Form</b>
	<b>Evaluation - K5-12th</b>
	<b>Report Card or Transcripts - K5-12th</b>
	<b>Proof of Legal guardianship (if applicable)</b>
✓	<b>Medical Information</b>
	<b>Medical History and Allergies Form</b>
	<b>Physical Form</b> - Signed and stamped - must Include:
	• Eyes exam result
	• Physical Lead level result ( <b>LEAD</b> )
	• Scoliosis test result
	• Tuberculosis screening results ( <b>PPD</b> )
	• <b>Immunizations record</b> - Signed and stamped
	<b>Dental Form</b>
✓	<b>Optional</b>
	<b>After School Program</b> 3 pm - 5:45 pm - <b>Early Drop Off</b> 7 am - 8 am
These documents <b><u>must</u></b> be presented at the time of registration or the registration will not be accepted - <b>NO EXCEPTIONS</b>	

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 the 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												
<b>Students Name</b>		Last				First				Female		Male
<b>Date of Birth</b>		Month	Day	Year	Country of birth		Citizenship		First Language			
<b>Home address</b>		Address										
		City		State			Zip code		County			
<b>Mother/Guardian Name</b>												
<b>Cell #</b>				<b>Home #</b>					<b>Job #</b>			
<b>e-mail</b>												
<b>Father/Guardian Name:</b>												
<b>Cell #</b>				<b>Home #</b>					<b>Job #</b>			
<b>e-mail</b>												
<b>Parent address if different than students</b>				Address								
City		State			Zip code			County				
<b>In case of emergency notify</b>						<b>Second Person in case of emergency notify</b>						
<b>Name</b>						<b>Name</b>						
<b>Phone #</b>						<b>Phone #</b>						
<b>Physician's name</b>						<b>Phone #</b>						
<b>Has your child ever had or do they currently have an IEP?</b> If yes, please explain and attach copies of any report										Y	N	
<b>Has your child ever had or do they currently have a 504 Plan?</b> If yes, please explain and attach copies of any report										Y	N	
<b>Has your child been diagnosed with ADD or ADHD?</b>										Y	N	
<b>How did you hear about us?</b>		Internet			Advertisement			Other				
<b>Did someone refer you to FCA?</b>		Yes	No		<b>If yes, who?</b>							
Grade entering in September - Financial Commitment & Policies												
	K 4 -K 5		1 <sup>st</sup> - 6 <sup>th</sup>		7 <sup>th</sup> - 8 <sup>th</sup>		9 <sup>th</sup> - 12 <sup>th</sup> (HS)					
<b>Application Fee</b>	\$ 30.00		\$ 30.00		\$ 30.00		\$ 30.00					
<b>Registration Fee - Yearly</b>	\$ 100.00		\$ 120.00		\$ 130.00		\$ 140.00					
<b>Agenda</b>	-		\$ 8.00		\$ 8.00		\$ 8.00					
<b>Books Fee - Yearly</b>	\$ 200.00		\$ 250.00		\$ 300.00		\$ 300.00					
<b>Monthly Tuition</b>	\$ 560.00		\$ 575.00		\$ 625.00		\$ 675.00					

Signature

Parent's Name

Date



<b>Please initial each section to indicate that you have read and understood the information.</b>	
1 The annual registration and books fee (non-refundable) is required at the time of registration. It is part of the academy policy.	<b>Initials</b>
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.	<b>Initials</b>
3 The annual tuition is based on a ten-month school term, starting <b>August 5<sup>th</sup>, 2022</b> , for all students within the Academy. The monthly <u>Tuition and Books</u> are required to be paid by <b>July 5<sup>th</sup>, 2022</b> .	<b>Initials</b>
4 Re-registration for the upcoming year will be done automatically in January. All payments must be current prior to the beginning of an academic year.	<b>Initials</b>
5 Student tuition must be paid between the 1 <sup>st</sup> and the 5 <sup>th</sup> day of the month; if the payment is late, there will be a late charge. If the 5 <sup>th</sup> 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 5 <sup>th</sup> of the month, and students will not be admitted to class if payments are one week in arrears.	<b>Initials</b>
6 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.	<b>Initials</b>
7 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.	<b>Initials</b>
8 If for any reason your bank returns your check, there will be a \$35 charge.	<b>Initials</b>
9 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 \$150 per event. I understand the charge is mandatory.	<b>Initials</b>
10 <u>Late Pick-Up</u> 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.	<b>Initials</b>
11 It is necessary that your child has 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/dreadlocks or ponytails	<b>Initials</b>
12 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.	<b>Initials</b>
13 If a parent or guardian removes a student from the school, a 30-day notice is required. Tuition is non-refundable.	<b>Initials</b>
14 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.	<b>Initials</b>
15 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.	<b>Initials</b>
16 Freeport Christian Academy, does not discriminate against students of any race, color, nationality, or ethnic origin.	<b>Initials</b>
17 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.	<b>Initials</b>
18 <b>Only</b> new parents with agreements finalized before the deadline (July 1 <sup>st</sup> ), 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. <b><u>All subsequent payments are made through FACTS.</u></b>	<b>Initials</b>

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	



**Medical History and Allergy**

<b>Student Name:</b>	
<b>Parents/guardians:</b>	

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.**

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

I hereby authorize emergency medical treatment to 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 sending your child with food from home.

I give my permission to share this information with the staff.

\_\_\_\_\_ **Parent/Guardian**

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



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.

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**Signature**

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**Parent's Name**

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**Date**



**FACTS Account - Payment System**

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)
- Monthly Plan (10 months August, October - June - \$45 charge)

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 are appreciated, as we remain committed to our mission.

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

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

**Accounting & Registrations Department**





## Uniforms

### 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) <b>K - 8<sup>th</sup> grade</b>
Navy Blue Blazer - <b>High School</b>
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) <b>K - 8<sup>th</sup> grade</b>
Navy Blue Blazer – <b>High School</b>
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.

<https://www.idealuniform.com/FCAF>

[https://teamlocker.squadlocker.com/#/lockers/freeport-christian-academy?\\_k=if1h9x](https://teamlocker.squadlocker.com/#/lockers/freeport-christian-academy?_k=if1h9x)



## Optional - Food Program

# Ordering lunches has never been easier!

Freeport Christian Academy has partnered with **BOONLI** to provide a secure, fast, and easy-to-use online ordering system that allows parents and guardians to view our lunch menu, order, prepay and manage student lunches from their smartphone, tablet, or computer.

**Registration and Ordering starts on:** August 15<sup>th</sup>, 2022

### GET STARTED

1. **Go To:** <https://fca.boonli.com/login> - (please bookmark this page)
2. **Click on Register:**  
Password is: **FCA1**, add account, profile(s) information
3. **Sign In** with your username & password
4. **To begin ordering click on the calendar date** First Lunch Date is **Monday, August 15<sup>th</sup>, 2022**.
5. **Food orders must be made a month in advance**, the deadline is every last Wednesday of every month

**PROGRAM INFO** – *(also available online once you are logged in to your account)*

- **FOOD or POLICY (Missed/Late Orders, Credits, and Changes/Cancellations):** call the office at **516-226-3185** & they'll get back to you right away.
- **TECHNICAL SUPPORT (help navigating the site):** email [support@boonli.com](mailto:support@boonli.com)
- **PAYMENT INFORMATION** The program accepts payment by Debit Card or Credit Card: Visa, MasterCard & Discover.
- **Be sure to proceed to checkout** and process your payment. Orders that are left in the shopping cart will NOT be processed and your student(s) will not be included in the lunch service.
- **MINIMUM ORDER FEE:** A \$1.00 fee will be charged for orders under \$10.00 – for new and changed orders.

## Thank you for participating in our school lunch program!



DENTAL FORM	
<b>Student s' Name</b>	<b>Date</b>
✓	A dental exam is required for newly 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.