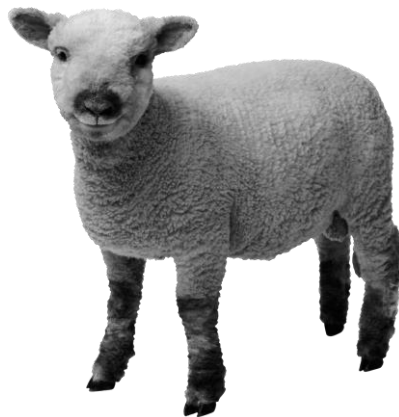


New Student Registration Booklet



Motto: "Feed my Lambs"

Faith Christian Academy

1137 E. 223rd Street • Bronx, NY 10466

Tel: 718-881-1085

Motto: 
"Feed my Lambs"

Director: Rose Donna Taylor

www.faithchristianacad.com

Dear Prospective Parents:

The faculty and staff of Faith Christian Academy welcome you to our institution of higher learning.

Since our inception in 1992, Faith Christian Academy has grown tremendously and takes much pride in the quality Christian education it offers.

We look forward to meeting you and hope you will choose Faith Christian Academy to assist you in nurturing your child's growth and development during his/her most influential years.

Regards,

Administration

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DOCUMENTS CHECKLIST

Student's Name: _____

Date: _____

_____ Application

_____ Birth Certificate

_____ Social Security Card

_____ Release Contact Form

_____ Medical

_____ Yearly School Contract

_____ Agreement Form

_____ FACTS Form (Required for those paying monthly)

_____ Previous School Report Card

_____ Calendar

_____ Handbook

APPLICATION FOR ADMISSION

Student's Name: _____ Birthdate: _____ Grade: _____

Home Address: _____
Street City State Zip

Current School (If Applicable): _____

Previous School(s) Attended (If Applicable):

Name: _____ Grade(s): _____ Dates Attended: _____

Name: _____ Grade(s): _____ Dates Attended: _____

Name: _____ Grade(s): _____ Dates Attended: _____

If the applicant has ever been subject to disciplinary action by any previous school, please describe the circumstances below:

Parent's Name: _____ Home#: _____

Home Address: _____
Street City State Zip

Occupation: _____ SSN#: _____

Employer: _____ Work #: _____ Cell #: _____

Email address: _____

Parent's Name: _____ Home#: _____

Home Address: _____
Street City State Zip

Occupation: _____ SSN#: _____

Employer: _____ Work #: _____ Cell #: _____

Email address: _____

HEALTH AND PERSONAL INFORMATION

Please explain fully if the child has any chronic illness, allergy, or other disability that would limit or restrict his or her activity at school:

Name of Family Doctor: _____ Phone: _____

Has the applicant received any counseling for psychological or emotional problems? _____

If yes, please detail the circumstances:

If the applicant has ever had any educational testing needs outside of school, please indicate when and by whom the tests were administered and have the test results forwarded to the attention of the Secretary.

Test Administered by: _____ Date: _____

Inaccurate, incomplete, or withheld information will disqualify a student for admission and could be the cause for the student's dismissal or involuntary withdrawal.

ADDITIONAL INFORMATION

SIBLINGS:

_____ Name	_____ Age	_____ Current School
_____ Name	_____ Age	_____ Current School
_____ Name	_____ Age	_____ Current School
_____ Name	_____ Age	_____ Current School

Please indicate the first name of any relative who has attended Faith Christian Academy and the years attended.

How did you hear about Faith Christian Academy?

Who is/are the responsible party/parties for tuition and other school related costs? Please note that this is who the annual tax letter will be made out to (if applicable)?

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Billing address:

CONFIDENTIALITY

Faith Christian Academy reserves the right to contact all schools, doctors, therapists, testing centers etc. listed in this application for further information. The school affirms that information on this application will be kept in confidence. The parent/guardian understands this and accepts the terms above.

Signature: _____

Date: _____

RELEASE CONTRACT FORM

Dear Parents:

Our children are very precious to us, their safety is of utmost importance. We MUST know what type of transportation they are taking as they are dismissed from school. To help us monitor this situation, please complete the form below by checking the appropriate box.

☐ My child is allowed to walk home or take public transportation.

☐ My child is allowed to be picked up by his/her parent(s) or:

Name: _____

Name: _____

Name: _____

Name: _____

☐ My child/children is/are allowed to be picked up by a transportation operator/company:

Name of company: _____

Telephone number of Company: _____

Contact person: _____

Please be aware that school ends at 2:45pm each day. Students who are not picked up by 3:00pm will be placed in after school for a fee. Students who are in after-school must be picked up by 6:00pm. Late pick-up will also result in a fee.

Name of Student: _____

Grade: _____

Name of Authorizing parent/guardian: _____

Please sign and return this completed form with your child's application or re-registration form.

Signature: _____

Date: _____

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AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING.

This is a binding contract between Faith Christian Academy (FCA) and _____, the parents/guardian of _____ who is registered at this school. FCA and the above-named individual, hereby mutually agree to comply with all the terms, conditions, and provisions of this agreement.

Registration and Tuition Payments

1. Parents agree to pay the sum of _____ for the school year. Full registration includes paying a security deposit, 1 month's tuition, book fee and registration fee. Any student who is not fully registered may not be permitted to attend class.
2. At FCA, we offer several payment options. Please check and initial your payment option below.
_____ ☐ Parents may elect to pay in full for the school year at the time of registration (no deposit required).
_____ ☐ Parents may pay in two installments of five months each (no deposit required).
_____ ☐ Parents may pay quarterly, making payments every 2 ½ months (no deposit required).
_____ ☐ Parents may pay monthly through FACTS tuition management system and have their checking, savings or credit card account charged monthly. This option requires that you make a tuition deposit which is equivalent to one month's tuition.
3. The day-to-day operation of the school totally depends on the tuition payments received from parents. As such, it is extremely important that these payments are made on time. For the parents who are on a monthly payment plan, such payments are due on the first of each month and no later than the fifth of the month. Any payment made after this date, must include a late fee of thirty dollars (\$30.00) for that month.
4. A fee of thirty-five (\$35.00) will be assessed to you if your personal check is returned by your bank or if payment through the FACTS automatic withdrawal program is denied. This fee must be covered in cash, money order or bank check within five (5) business days. **Only one returned check or payment denial is allowed per school year.**
5. There will be no deductions within a month for holidays, personal vacations, illnesses, natural disasters, or a pandemic; parents are still required to pay full monthly tuition fees.
6. Parents who elect to terminate this contract, that is, withdraw their child/children from FCA, **must do so in writing**. If this were to happen mid-month, the parent forfeits any tuition paid and no refunds will be granted. Further, the tuition deposit becomes forfeited. Finally, if the withdrawal is requested mid-year, the parent remains liable for tuition for the rest of the school year.

Deposits

7. Parents who pay monthly are required to pay a deposit which is an amount equivalent to one-month's school fee. This deposit is to be paid at the time of registration and prior to the commencement of classes. In the event of default on the part of the parent with respect to any of the terms, provisions or conditions of this agreement, including, but not limiting to payment of any fees, FCA maintains the right to use, apply, or retain the whole or any part of the security deposit for the payment of such fee. In the event FCA uses or applies any of the security deposit, parents shall promptly deposit additional sum so that at all times the security deposit held by FCA shall be in the full amount required therein.
8. FCA reserves the right to retain security deposits, wholly or in part, if the student is found to have damaged or destroyed school property. Parents who do not make monthly payments and do not have a deposit on file are liable for any damages caused by their child and will be charged. This is non-negotiable.
9. The director of F.C.A. reserves the right to dismiss any child who is not able to adjust to the school's curriculum, rules and policies. In this case, parents will be given a two week dismissal notice. Tuition and other monthly fees will not be refunded wholly or in part.

Other

10. Parents, who have elected not to re-enroll their child/children for the next school year, must notify FCA in writing by the **first Monday in June of the current school year**.
11. FCA reserves the right to deny any student admission to classes or to examinations due to unpaid fees.
12. FCA is not responsible for any injury, accident, or other mishap that may occur to any parent or visitor on the school's premises. The school is solely responsible for registered students under its care.
13. FCA is not responsible for the loss of personal property of any parent or visitor while on the school's premises. There is, however, a lost and found area where parents may attempt to locate missing items.
14. The signing of this agreement indicates that the parent or guardian has read, approved and accepted the terms, conditions and covenants of this contract.

THIS CONTRACTUAL AGREEMENT IS SUBJECT TO PERIODIC REVIEW AND CAN BE AMENDED BY THE DIRECTOR IF DEEMED NECESSARY.

CHILD'S NAME: _____ GRADE: _____

PARENT'S NAME: _____ DATE _____

PARENT'S SIGNATURE: _____

ADMINISTRATOR'S SIGNATURE: _____ DATE _____

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Dear Parents/Guardians:

Faith Christian Academy follows an integrative curriculum that includes physical exercise. Please ensure that your child is appropriately attired for gym classes. Gym suits are provided by the school. Details of the cost are stated below:

- Gym suit for the winter (sweat pants, sweat shirt, & T-shirt) \$55.00
- Gym suit for the summer (shorts and T-shirt) \$35.00
- Comfortable sneakers (to be purchased by parent)

In an effort to enforce safety and to uphold the policy of the school, students not wearing proper gym suits and footwear will not be allowed in gym classes. Please complete, detach, and remit the section below to the office to place your order.

Thank you for your cooperation. We look forward to a productive school year ahead.

Sincerely,

Administration

.....
Faith Christian Academy

GYM CLOTHES ORDER FORM

Child's name: _____ Grade: _____

Parent's name: _____ Size: _____

_____ Winter set (\$55.00)

_____ Summer set (\$35.00)

_____ Sweatshirt only (\$22.50)

_____ Sweatpants only (\$22.50)

_____ T-shirt only (\$15.00)

Amount enclosed: _____