



Foundation Christian Academy

3955 Lithia-Pinecrest Valrico, FL 33594
(813) 654-2969

"Store up for yourself the treasure of a good foundation" 1 Timothy 6:19

Returning student ___ New student ___ COC church member ___ Apply for ___ grade 2008/09 School Year
Amount of enclosed registration fee _____

ENROLLMENT APPLICATION

Students' Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Male _____ Female _____ Date of Birth _____ SS# _____

Address: _____ Student lives with: _____

City/Zip: _____ Ethnicity: Hispanic/Latino White Black
Asian/Pacific Islander American Indian/Alaska Native

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

Work Number: _____ Work Number: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

E-mail to which you would like to receive school correspondence: _____

Who should be contacted **FIRST** in case of emergency? Circle one: **Mom Dad Other:** _____

Following individuals will be contacted if parents cannot be reached.

EMERGENCY CONTACTS/INDIVIDUALS AUTHORIZED TO PICK UP CHILD

(Please list in the order individuals should be called for an emergency. Identification required.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Any health problems that we should be aware of? _____

◆ **Allergies?** (If no allergies, specify none) _____

Actions to be taken for allergies that **DO NOT** require medication/medical attention: _____

****If your child has allergies that require medication or medical attention you MUST provide the school with an "Allergy Action Plan" (form provided by F.C.A.) signed by a physician.**

PLEASE NOTE: We cannot dispense any medication in the office (aspirin, Tylenol, ibuprofen included) without a doctor's prescription. All medication must be in the original container and labeled with your student's name.



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How did you hear about Foundation Christian Academy? _____

Church affiliation: _____ Does student attend worship regularly? _____

Name of Place of Worship: _____ Activities involved in: _____

Names/Ages of Siblings: _____

Special needs, fears, etc.: _____

Child’s Physician: _____ Address & Phone: _____

Child’s Dentist: _____ Address & Phone: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____ Name of Insured: _____

I understand that requests for my child’s placement with a certain teacher or friend will be considered but not guaranteed.

_____ has my permission to attend Foundation Christian Academy sponsored field trips.
(Child’s Full Name)

I understand that he/she will be transported by private vehicle. I further understand that he/she will be supervised by Foundation Christian Academy staff or parent chaperones. I release Foundation Christian Academy, its staff and any parent volunteer from any and all liability relating to such field trips.

If my child, _____, should become ill at Foundation Christian Academy, I understand that the facility will: _____
(Child’s Full Name)

(1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and /or the person(s) designated, they are authorized to contact my child’s physician and/or arrange for immediate emergency care or treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

I understand and acknowledge that all fees (to include registration, supply, testing, book and specials) are non-refundable. I understand that fees must be paid promptly to continue to reserve my child’s spot. Also, I will abide by the policies and procedures stated in the Foundation Christian Academy Handbook.

Foundation Christian Academy reserves the right to dismiss a student for inappropriate conduct. Every effort will be made to work with a child and his/her parents. However, in the best interest of our students, parents and teachers, any student striking a teacher, using foul language or exhibiting other such inappropriate behaviors may be suspended or expelled from our school. In such cases, the teacher or principal may request a case study to be reviewed by the school board. The board determines the final disciplinary action. In cases of expulsion, the enrollment and supply fees are not refunded. I have read and understand the policy stated above.

I, _____, give permission for my child, _____
(Parent Name) (Child’s Full Name)

to be photographed by Foundation Christian Academy. I understand that such photos may be used for F.C.A handbook, yearbook, web page, newspaper articles, brochures or other promotions.

I am willing to donate 8 hours of service hours to Foundation Christian Academy during the 2008-09 school year.

Signature of parent/legal guardian: _____ Date: _____

DO NOT WRITE BELOW -- SCHOOL USE ONLY

Testing _____ Accepted _____

Recommendations _____ Start Date: _____



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My signature below indicates that I understand there is a fingerprinting and background check requirement at F.C.A. I understand that in order to volunteer or be on campus during school hours, I must have completed the fingerprinting and background check requirement.

Hillsborough County Ordinance 90-38, Section 5.09, requires that parents must receive a copy of the child care facility brochure, Know Your Child’s Day Care Center. The parent’s or legal guardian’s signature verifies receipt of the child care facility brochure. Please complete the following:

I, _____, have received a copy of the child care facility brochure, Know Your Child’s Day Care Center.
Parent or Legal Guardian’s Name

Hillsborough County Ordinance 90-38, Section 1.06, required that parents are notified in writing of the disciplinary practices used by the child care facility. The parent’s or legal guardian’s signature verifies that parents or guardians have been notified in writing of the disciplinary practices of the child care facility. Please complete the following:

I, _____, have received in writing the disciplinary practices used by the child care facility.
Parent or Legal Guardian’s Name

Date

Signature of Parent or Legal Guardian

ALTERNATE NUTRITION PLAN AGREEMENT

Name of Child: _____ Age: _____

INDICATE SPECIAL DIETARY REQUIREMENTS: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child’s nutritional and dietary needs.

Mark P for Parent Provides or C for Center Provides.

_____	P	_____	_____
BREAKFAST	A.M. SNACK	LUNCH	P.M. SNACK

Date

Signature of Parent or Legal Guardian

I agree to provide the parent with a suggested meal pattern and menus, and bring to the parent’s attention any problems which may arise by the use of this Alternate Nutrition Plan.

Date

Signature of Owner/Operator



(New Students Only)

Previous Educational Experiences:

Most recent school attended: _____ City _____ State _____

Phone #: _____ Teacher’s name and grade _____

*Other school attended: _____ City _____ State _____

Phone #: _____ Teacher’s name and grade _____

Has your child ever been:
(If yes, please explain below)

- Yes _____ No _____ suspended or expelled from any school Year _____
- Yes _____ No _____ been retained Year _____
- Yes _____ No _____ skipped a grade Year _____
- Yes _____ No _____ been tested (please include copy of report) Year _____
- Yes _____ No _____ received help for a reading or learning difficulty Year _____

What activities interest your child? (talents, athletics, hobbies, etc...)

How did you learn about F.C.A.?

Student references (no relatives)

1. _____ Phone #: _____ Relationship: _____
2. _____ Phone #: _____ Relationship: _____
3. _____ Phone #: _____ Relationship: _____
4. _____ Phone #: _____ Relationship: _____

Why would you like your child to attend F.C.A.?

I understand that all state and Florida immunization and physical exam requirements must be met as part of the enrollment process.

_____ Date

_____ Signature of Parent or Legal Guardian