



First Christian Academy

A Ministry of First Baptist Church

216 East Live Oak Avenue, DeFuniak Springs, Florida 32435

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DATE RECEIVED BY FCA

Enrollment Partnership Agreement

Thank you for choosing First Christian Academy for this important year in your child's life. Together we will continue to nurture and lead your child as we integrate the foundations of faith and excellence in academics.

DIRECTIONS: To enroll your child, complete the agreement and return it with the non-refundable registration and curriculum fees (see fee schedule attached). Your child will remain enrolled until written notification of withdrawal is received. However, First Christian Academy may terminate this agreement for due cause.

STUDENT INFORMATION

Student's Legal Name Last First Middle
Birth Date ____/____/____ Age ____ Entering Grade ____ School Year ____

AGREEMENT

I am enrolling my child for the upcoming school year at First Christian Academy. I understand my child will be enrolled with the signing of this *Enrollment Partnership Agreement* until I notify the Academy in writing of my intent to withdraw my child or until the Academy terminates this educational agreement for due cause.

I agree to:

- Support the school policies and procedures;
- Give the school the responsibility and authority to discipline my child;
- Be responsible for my child's attendance and conduct;
- Be communicative with school staff and participate in conferences and school events;
- Promote learning by providing a place and time for studying;
- Use my abilities and talents to perform services to the school;
- Allow participation on field trips, use of the computer/internet, as well as school photography;
- Pay all tuition and fees as required by the school; and
- Abide by the current year financial contract for payment, realizing each year may change.

Person(s) responsible for child's tuition/fees: _____

Home Phone _____ Work Phone _____ Other _____

Information provided in this *Enrollment Partnership Agreement* is true and my child is a Florida resident. The non-refundable curriculum fee and registration fee for the upcoming year is submitted with this agreement.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION

School information is provided only to the person with whom the student primarily resides. Legal documentation must be provided when prohibiting a parent from picking up his/her child.

Student lives with (circle all that apply): **Both Parents** / **Father** / **Mother** / **Guardian**

HOME INFORMATION (CHILD'S HOME WITH PARENT OR LEGAL GUARDIAN)

Home Address _____ City _____ State _____ Zip _____

(Complete if different from above)

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Other Work _____

Mom's Mobile Phone _____ Dad's Mobile Phone _____

Best Contact Email Address _____

PARENT / GUARDIAN DATA

Father's Last Name _____ First _____ Middle _____

Address (if different from above) _____
City, State Zip _____

Home Phone _____ Mobile _____ Business _____

Employer/Business Name _____

Email _____ Church Affiliation _____

Is Father allowed to pick up child? _____ **Is Father an emergency contact?** _____

Mother's Last Name _____ First _____ Middle _____

Address (if different from above) _____
City, State Zip _____

Home Phone _____ Mobile _____ Business _____

Employer/Business Name _____

Email _____ Church Affiliation _____

Is Mother allowed to pick up child? _____ **Is Mother an emergency contact?** _____

Guardian's Last Name _____ First _____ Middle _____

Address _____
City, State Zip _____

Home Phone _____ Mobile _____ Pager _____ Business _____

Employer/Business Name _____

Email _____ Church Affiliation _____

EMERGENCY CONTACTS and AUTHORIZED TO PICKUP OR DROP OFF CHILD

Contact Name _____ Relation _____

Home Phone _____ Mobile _____ Work _____

Contact Name _____ Relation _____

Home Phone _____ Mobile _____ Work _____

Contact Name _____ Relation _____

Home Phone _____ Mobile _____ Work _____

CHILD'S MEDICAL INFORMATION

Physician _____ Phone _____

Dentist _____ Phone _____

List any serious illness: _____

List any allergies and/or any chronic health problems of your child:

List daily medications: _____

CONSENT FOR MEDICAL TREATMENT OF CHILD

If your child is ill and/or the injury is an emergency and school personnel are unable to contact anyone, the final decision for action taken will be the judgment of school personnel. Sign if you consent for care.

School personnel may take action to treat my child, including transporting him/her to the emergency room of a local hospital.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

(Optional) Please list any additional information regarding your child that may assist our school staff.

Required Documents for Enrollment:

- Copy of child's Birth Certificate
- Immunization Record (Form DH 680)
- Florida Physical Exam (Form 6040)