

For Office Use Only
 Grade Entering _____
 Evaluation Needed _____
 Date Registered _____
 Method of Pmt. _____

FAITH CHRISTIAN SCHOOL
A Ministry of Faith Baptist Church
 6950 Royal Palm Blvd. Margate, FL 33063
 Phone: 954-974-2404
 Fax: 954-974-0139

For Office Use Only
 Statement of Cooperation Signed _____
 Birth Certif _____ Record Request _____
 HRS 3040 _____ HRS 680 _____
 Interview _____ Pastor Ref. _____

APPLICATION / EMERGENCY INFORMATION FORM

Complete this entire form, front & back. Use ink * Print Clearly.

Any child arriving on campus before 7:45am or remaining on campus after dismissal will be charged accordingly.

____ **Pre-Care** 7:00-7:45am ____ **K4/K5 Ext Care** noon-2:45pm ____ **Ext Care K4 - 12th Grades** dismissal - 6pm

Applicant Information

Year Applying For _____
 First Name _____
 Last Name _____
 Address _____
 City, State Zip _____
 Home Phone _____
 Social Sec # _____
 Date of Birth _____
 Is child a US citizen? _____
 If not, what country? _____
 Race _____ Age _____
 Gender _____ Current Grade _____
 Who has legal custody? (please circle one)
 Father Mother Both
 Who do we contact FIRST in case of emergency?

Parent/Guardian Information

Father First Name _____
 Last Name _____
 Address _____
 City, State Zip _____
 Company _____
 Home Phone _____
 Cell Phone _____
 Wrk Phone _____
 Mother First Name _____
 Last Name _____
 Address _____
 City, State Zip _____
 Company _____
 Home Phone _____
 Cell Phone _____
 Wrk Phone _____

Educational Information

Previous School Attended _____ City _____ State _____ Length of time there? _____
 Has student ever: been suspended? _____ been expelled? _____ been asked to withdraw from any school? _____
 repeated a grade? _____ skipped a grade? _____ if so, what grade? _____
 Why did you leave your child's previous school? _____
 Why do you want your child to attend FCS? _____
 How did you FIRST hear about our school? (Website, Word of Mouth, Our Sign, etc.) _____

Medical Information

Is your child on any medication? _____ Name of Medicine _____ Reason _____
 Child's Allergies _____ Reaction _____ Action to take _____
 Disabilities or physical conditions _____
 Is he/she hearing impaired? _____ Do they wear glasses? _____
 Doctor's Name _____ Phone # _____
 Dentist's Name _____ Phone # _____
 I give FCS permission to give my child: ___Acetaminophen ___Benadryl ___Peroxide ___Antibacterial ointment
 Notes: _____

Additional Emergency Information

LIST PERSONS PERMITTED TO REMOVE YOUR CHILD FROM SCHOOL & TO CALL IN CASE OF EMERGENCY

(If one parent is NOT permitted to pick up your child, a copy of the court order must accompany this application.)

Password _____ (this is required by HRS)

Name _____ Relationship to child _____ Phone # _____
 Name _____ Relationship to child _____ Phone # _____
 Name _____ Relationship to child _____ Phone # _____

STATEMENT OF COOPERATION

This form must be initialed & signed by BOTH parents.

If this form is not initialed & signed, enrollment will be denied.

**BOTH parents
must initial ALL
statements on
lines below.**

This Statement of Cooperation will be in effect for as long as any of my children attend or have a balance with FCS.

Marital Status

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation signed, updated, and delivered to FCS.

Financial Agreement

I am aware of all fees and prices for having my child attend FCS and I agree to pay all bills, IN FULL and ON TIME. I understand that if my account is not current by the 10th of the month, my child's enrollment will be suspended and all records retained by FCS. If I have a balance due at another private school or day care, FCS reserves the right to deny enrollment until past debts are cleared.

Medical Authorization

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize them to call the physician indicated, or other emergency personnel. I further authorize the attending health facility and professionals to provide medical treatment as deemed necessary, and I will undertake full financial responsibility for it.

Illness Statement

In case my child becomes ill, I understand that I will be required to pick them up WITHIN 30 MINUTES of the school's call. I understand that failure or refusal to comply with FCS may be cause for my child's dismissal.

Field Trip Authorization

My child has consent to participate in official class/school trips away from FCS campus, supervised by the school staff & other parents. This includes consent for my child to be transported by school vehicle, charter bus, and/or private vehicle.

Discipline Statement

I understand that disciplinary measures may include rewards, verbal corrections, sit down time or time out, and gain or loss of privileges. In case of serious or repeated offenses, I may be notified. If necessary, I may be asked to temporarily or permanently remove my child from school.

Nutritional Agreement

I agree to provide adequate, nutritional snack and lunches for my child whenever he/she stays after 12:00PM. I understand that if I forget to pack his/her lunch, I will be required to deliver lunch to my child. The school cannot supply it. I also understand that I cannot make a daily habit of bringing their lunch.

Legal Statement of Cooperation

Should any legal action, for any reason, be taken against Faith Christian School, Faith Baptist Church of Margate, Florida Inc., any employee, any agent thereof, or any third party on my child's behalf; and the school, or its agent or any third party not be found at fault; I agree to pay any attorney fees, court fees, damages or other cost that FCS/FBC, its agent, or any third parties should incur to defend itself against such action.

Photographs

I understand that my child's photo will appear in the yearbook and possibly other school related items.

Policy Agreement

I have read each of the policies above and the price information sheet of Faith Christian School and agree to support and abide by each of the policies contained therein.

Attendance of Special Programs

By enrolling my child in FCS, I agree to attend at least one revival service in the fall & winter at Faith Baptist Church, Open Houses, & Holiday Programs. Failure to attend may result in disciplinary action, suspension, or expulsion.

BOTH parents must sign & initial this form in order for child to be accepted.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

FCS ADMISSIONS POLICY: Faith Christian School does not discriminate on the basis of race, color, national or ethnic origin. We reserve the right to deny admittance or continued enrollment to students who may be considered a health risk to others, a hindrance to the Christian school atmosphere, or whose account becomes delinquent. We further reserve the right to determine admission based on prior school references, academic evaluations, and parent/student interview. If the actions of a parent/guardian negatively impact our ability to fulfill our role to provide a Christian education and atmosphere and to carry out our ministry and mission, we reserve the right to terminate enrollment.

STATEMENT OF FINANCIAL RESPONSIBILITY

Faith Christian School
A Ministry of Faith Baptist Church

We at Faith Christian School feel it is important for students and parents to read and understand our financial policies. These policies are published in our brochure, application, and in our student handbook. Signing this Statement of Financial Responsibility will acknowledge that you have read the Financial Information section of our brochure, application, and student handbook of Faith Christian School and that you agree to the terms and conditions as set forth therein.

Student's Name: _____ Date: _____

Student's Signature: _____

Student's Social Security Number: _____

The parent or legal guardian of the student must complete the information below.

As the parent or legal guardian of the above student, I have read the Financial Information section of the brochure, application, and student handbook, and will accept full responsibility for payment of any unpaid tuition and fees for any time the above-named student is enrolled at Faith Christain School.

Name: _____ Date: _____

Signature: _____

Social Security Number: _____

Address: _____

City, State Zip: _____