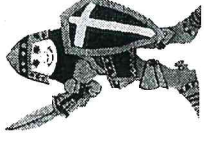


FAITH CHRISTIAN PRESCHOOL & K5

450 WEST ELM AVE.
COALINGA, CA 93210
(559) 935-9209 FAX (559) 935-2200



ENROLLMENT PACKET

We would like to thank you for beginning the process of enrolling your child or children into Faith Christian Preschool. FCA admits students of any race, color, national and ethnic origin to all rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, national, and ethnic origin in administration policies, scholarship and loan programs, athletic and other school administered programs.

A non-refundable application check or money order for \$50.00 for each student must accompany these forms in order to begin your application process. When your child or children have been accepted into Faith Christian Academy a non-refundable \$100.00 registration fee per child will be due.

I am interested in half day ___ or full day ___

Please designate days: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

ONE SET OF THE FOLLOWING NEEDS TO BE RETURNED BEFORE AN APPOINTMENT WILL BE MADE FOR AN INTERVIEW.

- 1. NON-REFUNDABLE APPLICATION FEE OF \$50.00
- 2. ENROLLMENT APPLICATION
- 3. PHYSICIAN'S REPORT (*in this packet*) *You may remove this page for your doctor to complete*
- 4. DISASTER/CATASTROPHE CARD (*in this packet*)
- 5. COPY OF BIRTH CERTIFICATE
- 6. COPY OF IMMUNIZATION CARD (INCLUDING TB TEST)

Please check off when completed.

Parent Signature

Date

**PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

(NAME OF CHILD) _____, born _____ (BIRTH DATE) _____ is being studied for readiness to enter

FAITH CHRISTIAN ACADEMY _____, This Child Care Center/School provides a program which extends from _____ :
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) _____ (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware: _____

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**TB SKIN TEST
REQUIRED**

I have have not reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

COMMUNITY CARE LICENSING

ADDRESS

1310 E. SHAW AVENUE

CITY

FRESNO, CA

ZIP CODE

93710

AREA CODE/TELEPHONE NUMBER

(559) 243-4588

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

FAITH CHRISTIAN ACADEMY

(PRINT THE ADDRESS OF THE FACILITY)

450 W. ELM AVENUE, COALINGA, CA 93210

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
 2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
 3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
 4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
 5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
 6. Receive from the licensee the name, address and telephone number of the local licensing office.
- Licensing Office Name: COMMUNITY CARE LICENSING
- Licensing Office Address: 1310 E. SHAW AVENUE, FRESNO, CA 93710
- Licensing Office Telephone #: (559) 243-4588
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
 8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

FAITH CHRISTIAN ACADEMY

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

FAITH CHRISTIAN ACADEMY _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?	
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?	
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

DATES	DATES	DATES
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps	<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS		

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	
	LUNCH	
	DINNER	
WHAT ARE USUAL EATING HOURS?	BREAKFAST	
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?		
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

Faith Christian Preschool
450 W. Elm Ave.
Coalinga, CA 93210
559-935-9209
Fax: 559-935-2200



Additional Information for Admissions Policies:

Section 101200 (b, bl, and c) Title XXII

- (b) The department of licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent.
- (1) The license shall make provisions for private interviews with any child (ren), or any staff member and for examination of all records relating to the operation of the facility.
- (c) The department of licensing agency shall have the authority to observe the physical, condition of the child (ren), including conditions, which could indicate abuse, neglect, or inappropriate placement.

I have read and understand the policies of Faith Christian Preschool and agree to be governed by them.

Signature of Parent/Guardian

Date

Faith Christian Preschool

Field Trip Permission Slip

I hereby grant permission for my child _____, to participate in all activities of the Faith Christian Preschool, including field trips. I understand that the field trips may include not only vehicle transportation, but also walking to a particular location in Coalinga, under the supervision of a teacher or parents.

(Signature of Parent/Guardian)

(Date)

Faith Christian Preschool

Consent to Photograph

I do hereby authorize Faith Christian Preschool to photograph or film my child, _____ for the use in the local newspaper or any public information for the purpose of publicity, advertisement, or for training presentations. I hereby agree not to hold Faith Christian Preschool and its staff responsible for any ill effects, which may arise from publication of such pictures.

(Signature of Parent/Guardian)

(Date)

DISASTER / CATASTROPHE CARD

SCHOOL
Faith Christian Academy

LAST NAME			FIRST		MIDDLE	ALLERGY 1	ALLERGY 2	ALLERGY 3	
ADDRESS				BIRTH DATE		MEDICATION 1	FREQUENCY	MEDICATION 2	FREQUENCY
CITY			STATE CA	ZIP		EMAIL ADDRESS			
FATHER/GUARDIAN			HOME			PHYSICIAN	BUS.	PICTURE	
			BUS.			DENTIST	BUS.		
			Cell/Pager			OTHER	BUS.		
MOTHER/GUARDIAN			HOME			WITH MY SIGNATURE, I AUTHORIZE THE SCHOOL ADMINISTRATION TO SEEK AND IF NECESSARY, HAVE MEDICAL TREATMENT MADE AVAILABLE TO THE STUDENT IDENTIFIED ON THIS CARD. THIS AUTHORIZATION IS LIMITED TO THE OCCASION WHERE AN EMERGENCY/CATASTROPHE EXISTS			
			BUS.						
			Cell/Pager						
OTHER			HOME			If my child needs Ibuprofen or Acetaminophen for pain, I authorize FCA's staff to administer it to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No 			
			BUS.						
			Cell/Pager						
OTHER			HOME			FATHER'S OR GUARDIAN'S SIGNATURE		DATE	
			BUS.						
			Cell/Pager						
OTHER			HOME			MOTHER'S OR GUARDIAN'S SIGNATURE		DATE	
			BUS.			MISCELLANEOUS			
			Cell/Pager						

***Faith Christian Preschool
Developmental Health History***

1. **Child's Name:** _____ **Birth Date:** _____
2. **Child's Nickname:** _____
My child is special because: _____

3. **Prenatal Health History:**
A. Any complications during pregnancy? _____
B. Any complications during birth? _____
C. Any complications after birth? _____

4. **Family History:**
A. Who lives at home with your child? _____
B. What are the ages of your child's siblings? _____
C. Does your child get along well with their siblings? _____
D. Do your other children welcome your child into play? _____
E. Do both parents work, if so - Where? _____
F. Does your child have their own bedroom or do they share a bedroom? _____
G. Do you eat together at the table for meals? _____
H. Does your child have a safe place to play inside & outside? _____
I. Does your child have any pets at home? _____
J. Does your child watch T.V. at home? If yes, what shows? _____

5. **Social Relationships:**
A. What ages are your child's most frequent playmates? _____
B. Is your child Friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____
C. Does your child play well alone? _____
D. What is your child's favorite toy? _____
E. What frightens your child? (Animals, Noises) _____
F. Who does most of the disciplining at home? _____
G. With which adults does your child have frequent contact? _____
H. How do you comfort your child? _____
I. Does your child use a special comforting item (such as a blanket)? _____

6. Daily Living:

- A. What are your child's typical eating patterns? _____
- B. What foods does your child like? _____
- C. What foods does your child dislike? _____
- D. How well does your child use table utensils? _____
- E. Word for Bowel Movement? _____
- F. Word for Urination? _____
- G. When are your child's regular bladder & bowel movement patterns? _____
- H. What are your child's regular sleeping patterns? _____
Wakes at? _____ Naps at? _____ Goes to bed at? _____
- I. What help does your child need to get dressed? _____

7. Physical Development History:

- A. Has your child had any health problems in the past? _____
- B. Does your child have any health problems now? _____
- C. Does your child have any other allergies than listed above? _____
How Severe? _____
- D. Does your child take any medications regularly? _____
- E. Does your child have any recurring chronic illness or health problems (such as asthma or frequent earaches)? _____
- F. Does your child have a disability that has been diagnosed by a clinical physician (such as cerebral palsy, developmental delay)? _____
- G. Do you have any concerns about your child's health? _____
- H. Does your child have any problems with talking or making sounds? Please Explain.

- I. Does your child have any problems with walking, running, or moving? Please Explain.

J. Does your child have any problems seeing? Please Explain. _____

K. Does your child have any problems hearing? Please Explain. _____

L. Does your child have any problems using his or her hands (such as with puzzles, drawing, small building pieces)? Please Explain. _____

Parent's Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____

Comments:

FAITH CHRISTIAN ACADEMY

STATEMENT OF FAITH

1. I believe the Bible to be the inspired, the only infallible, authoritative, inerrant word of God. Timothy 3:15, II Peter 1:21
2. I believe there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. Genesis 1:1, Matthew 28:19, John 10:30
3. I believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4:15, Hebrews 7:26), His miracles (John 2:11), His vicarious and atoning death (I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory. (Acts 1:11, Revelation 19:11).
4. I believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature. But God showed his great love for us by sending Christ to die for us while we were still sinners. And since we have been made right in God's sight by the blood of Christ, he will certainly save us from God's judgment. John 3:16, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5
5. I believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. John 5:28-29
6. I believe in the spiritual unity of believers in our Lord Jesus Christ. Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28
7. I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. Romans 8:13-14, I Corinthians 3:16, I Corinthians 6:19-20, Ephesians 4:30, Ephesians 5:18

Faith Christian endorses the above Statement of Faith. Your signature confirms your agreement with these beliefs.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

FAITH CHRISTIAN ACADEMY PARENT CONTRACT

SUPPORT

1. I have read the Statement of Faith and understand the purpose and goals of Faith Christian Academy. I desire that my child(ren) receive an education in harmony with those beliefs and purposes.
2. I will faithfully support the school through my prayers and positive attitude and share any complaints, questionable or negative comments with only those people involved (administration or faculty) and not around our child(ren).
3. It is further agreed between the parties that any and all disputes and or claims arising out of or related to this agreement shall be resolved by binding arbitration. Each party hereby waives its rights to resolve such disputes and or claims in any other forum.
 - A) A mutually agreeable Christian arbitrator operating under the auspices of a Christian arbitrator forum shall conduct the arbitration.
 - B) Fee, costs and expenses shall be awarded to the prevailing party.
 - C) If any suit is brought in any other forum by any party to this agreement, the other party shall be and is hereby authorized to utilize the above to request the court to dismiss the action and order it to arbitration consistent with the above terms.
4. I agree to uphold and support the high academic standards of the school by providing a place at home for my child(ren) to study. I agree to give my child (ren) encouragement in the completion of homework assignments.

PLACEMENT

I understand that after testing, evaluation and acceptance, my child(ren) shall be recommended for the classroom and level deemed proper by the school. After a 30-day period, if my child(ren) has not adjusted in the school and classroom environment, a conference shall be held with me to determine the best course of action for my child(ren).

DISCIPLINE

1. I understand that the standards of Faith Christian Academy do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, disrespect to the personnel of the school or to the established policies of the school.
2. I understand the school discipline policy and agree with the standards of conduct and discipline. I grant authority to the teacher and administration to prayerfully discipline my child(ren) when necessary.
3. I further agree that I will cooperate and discipline my child(ren) in the home as needed.

FINANCIAL

1. I agree to be responsible for all fees including registration, tuition (as stated in the Enrollment Contract of the Parent/Student Handbook, unless otherwise agreed upon with the administrator), extended care, classroom supplies and any other expenses for my child(ren).
2. Tuition may be paid in 10 equal installments from August through May.
3. At the close of the 10th of each month all past due accounts which include (lunch, extended care, tuition, curriculum, etc.) will be assessed a 3% finance charge per family. If the account has not been paid by the 18th of the month an additional \$30.00 late fee will be added to the account. If an account is more than two months delinquent, my child(ren) will not be allowed to return to class until the balance is paid.
4. In case of extenuating circumstances, other financial arrangements may be made through the administrator's office. I will contact the administrator or bookkeeper immediately in order to make the proper and necessary arrangement.
5. I agree to pay charges assessed to cover damages to the school including breakage of windows and abuse to other real personal property that was caused by my child(ren).
6. I agree to pay a \$30.00 charge per check on any returned checks.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

Faith Christian Academy



Faith Christian High School



450 W. Elm Avenue, Coalinga, CA 93210 ~ (559) 935-9209 ~ FAX (559) 935-2200

Early Withdrawal Agreement

Faith Christian Academy requires each family to pay an early withdrawal fee. The early withdrawal fee is equal to your May tuition and must be paid up front along with your registration fees and first month's tuition. If the student does not complete their contract and withdrawals from FCA at any time before the end of the school year, the early withdrawal fee will be forfeited.

Payment options: (*please check one*)

- May tuition paid in full at registration.
- May tuition divided over 3 months. (August 1 through October 1)

Signature _____

Date _____

Signature _____

Date _____