



7<sup>th</sup>-10<sup>th</sup> Grade  
Registration  
Packet

Combining Christian Values and Traditional Education  
with a Spirit of Excellence

Note: These policies are subject to change without prior notification

P.O. Box 150 Bryant, AR 72089

(501) 847-1559

[office@familychurchacademy.org](mailto:office@familychurchacademy.org)

[www.Destined2win.org](http://www.Destined2win.org)

# Family Profile Questionnaire

To insure accurate information, we request that you complete a separate packet for each student enrolled.

I am registering my child for:

Grade Applying For \_\_\_\_\_ Age of Child \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
Start Date \_\_\_\_\_

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Student's Last Name \_\_\_\_\_ M/I \_\_\_\_\_ First Name \_\_\_\_\_

Goes By \_\_\_\_\_ Male/Female Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

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Daycare or School Last Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address of Former School \_\_\_\_\_

Director / Principal's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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## Parent Information

### Parent 1

Last Name \_\_\_\_\_ Mr. /Mrs. \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Relation to Student \_\_\_\_\_ Martial Status: S M Sep D W Live with Student: Yes / No

### Parent 2

Last Name \_\_\_\_\_ Mr. /Mrs. \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Relation to Student \_\_\_\_\_ Martial Status: S M Sep D W Live with Student: Yes / No

**Authorized to pick up student or care for student in case of an emergency if parents cannot be reached.  
Must have Drivers License copied before they are allowed to pick up student.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Names of brothers and sisters:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Is your student in the custody of only one parent? Yes / No**

**\*If yes, please list legal custodian's name** \_\_\_\_\_

**\*A copy of all legal documents must be kept in the student's file.**

Person responsible for account \_\_\_\_\_

Name of church attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear of Family Church Academy? \_\_\_\_\_ Referred By: \_\_\_\_\_

Why do you want to send your child to Family Church Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Advertising Release Form

I understand that the use of my child's (children's) picture for advertising purposes by Family Church, Family Church Academy and Destined to Win, is voluntary. I do not expect any special privilege, special compensation or payment in any way from any of these entities or its advertising agency for the use of my child's (children's) name and /or picture.

**I hereby grant Family Church, Family Church Academy and Destined to Win, and its advertising agency permission to use my child's (children's) name and/or picture in newspaper ads, billboards, and other publications, radio and television commercials, brochures, year books and any other form of marketing and advertising chosen by Family Church, Family Church Academy and Destined to Win, and/or its advertising agency.**

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Parent Signature

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Printed Name

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Child's Name

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Date

**Playground/Intramural Sports Liability Release**

I, the undersigned, agree that Family Church Academy/Destined To Win/FOM, Inc. is not liable in the case of an accident in the school, or on the premises. I stand in agreement with the Academy for the well being of my child. In case of an extreme emergency occurring while my child, \_\_\_\_\_, is in the care of Family Church Academy and I cannot be reached immediately, I give my permission for my child to be taken to the Saline Memorial Hospital in Benton. I also assume responsibility for expenses incurred at that time.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Liability Release**

In case there is not time to be contacted, I hereby give my consent for EMERGENCY MEDICAL CARE for \_\_\_\_\_ during the time that they are under the supervision of a Family Church Academy staff member, Family Church staff member, or their children's sponsors during the school year.

I/We, the undersigned, do hereby release, remiss and forever discharge all sponsors, Family Church Academy and Destined to Win/FOM, Inc. from any and all claims, demands, actions or courses of action, past, present, or future arising out of any damage or injury while participating in the children's activities sponsored by Family Church during the school year.

I hereby give  I do not give permission for Family Church Academy's appointed representative to give my child, \_\_\_\_\_, Tylenol and any necessary emergency medical treatment. I understand that I will be notified before Tylenol or emergency medical treatment has been administered to my child.

**Immunizations:**

**Please attach a current copy of your child's immunization record. State law requires that no student be admitted without an up to date immunization record.**

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**Has your child ever had the following: (check all that apply)**

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Allergies   |
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Influenza           | <input type="checkbox"/> Tonsillitis      |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches         | <input type="checkbox"/> Measles             | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Hay Fever                  | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Heart Problems             | <input type="checkbox"/> Scarlet Fever       | <input type="checkbox"/> Whooping Cough   |

If yes, please explain \_\_\_\_\_

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Does your child have any special needs? \_\_\_\_\_

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If so, please describe in detail \_\_\_\_\_

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**Emergency Information**

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Family Church Academy Registration Packet**

**Statement of Responsibility  
2008-2009**

**By signing below, I am stating that I have read, understand, and will abide by all the pages within this contract.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Family Church Academy**  
**Authorization Agreement for Pre-Authorized Payments**  
**2008-2009**

Child's name \_\_\_\_\_ Amount of Draft \$ \_\_\_\_\_

Drafts will take place the 5<sup>th</sup> of every month unless the 5<sup>th</sup> falls on a weekend it will be processed the prior Friday. Drafts will be processed regardless of attendance and will be continuous until a 7 day advance notice of withdrawal is approved by administration.

Company Name: **Destined to Win/FOM, Inc. (AKA Family Church, Family Church Academy)**

**I/we authorize Family Church Academy, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below and the depository named, hereinafter called depository, to debit the same to such account.**

Depository Name/Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

**This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us), of its termination in such time and manner as to afford COMPANY and DEPOSITORY a responsible opportunity to act upon it. Debit entries will be made with above financial agreement.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach voided check to this document.**



## FCA Academy Milk Draft Agreement

Milk will be available by **draft only**.  
Please complete one form for each student enrolled.

Check One:

- 1 Carton per Day for \$9.00 per Month
  
- 2 Cartons per Day for \$18.00 per Month

Effective Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please Circle: K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup>

Teacher's Name: \_\_\_\_\_

I understand that the amount of \$\_\_\_\_\_ will be added to my FCA 2008-2009 monthly draft payment. Since this a monthly draft, absence from school or holidays observed by the school will not be credited or refunded.

\_\_\_\_\_  
Signature

\_\_\_\_\_