



7th-10th 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

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 _____

Student's Last Name _____ M/I _____ First Name _____

Goes By _____ Male/Female Date of Birth _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____

Daycare or School Last Attended _____ Grade Completed _____

Address of Former School _____

Director / Principal's Name _____ Phone Number _____

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 _____

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.

Parent Signature

Printed Name

Child's Name

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.

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 _____

Does your child have any special needs? _____

If so, please describe in detail _____

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 5th of every month unless the 5th 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 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

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
