

First Baptist Christian Academy



Kindergarten – 12th Grade Re-Enrollment Packet

FBCA seeks to provide students an exceptional, well-rounded education, by means of an integrated curriculum, pedagogy and culture, with distinctively Christian values in all we do – academically, socially, spiritually, and physically.

First Baptist Christian Academy (Grades Pre-K - 12)

Student Re-Enrollment Form 2018-2019

First Baptist Christian Academy 2018 - 2019 Tuition & Fees						
Financials	K2+ (Fully Potty Trained and Must be 3 by 1/1/19)	K3	K4 (VPK)	Kindergarten	Middle School	High School
Registration (Maximum Charge \$450)	\$100	\$100	No charge w/voucher \$100 w/out voucher	\$150	\$150	\$150
Annual Tuition	\$6,840	\$5,700	Self-Pay: \$3,800 (8:30-11:30) Full-Day: \$2,500 (11:30am - 3:20pm)	\$5,600	\$5,725	\$5,850
Book Fee	\$50	\$100	Self-Pay: \$100 ELC Voucher: No charge	\$300	\$300	\$300
Before/After School Care	N/A	N/A	\$1,850 annually	\$1,850 annually	N/A	N/A
Athletic Participation / Insurance Fee	N/A	N/A	N/A	\$100 Onetime fee for unlimited sports each year per student. Max \$350 per family for 4 students or more.		
Supplemental Funds	K2	K3	K4 (VPK)	K5 - 6 th	7 th - 8 th	9 th - 12 th
State Funds	N/A		VPK - Early Learning Coalition (ELC)	Step Up for Students/ AAA	Step Up for Students/ AAA	Step Up for Students/ AAA
Special Education Financial Support	N/A		N/A	McKay/ Gardiner	McKay/ Gardiner	McKay/ Gardiner
FBCA Private Scholarships: 33% 2nd Child; 25% all add'l children	Crusader Sibling Scholarship		Crusader Sibling Scholarship	Crusader Sibling Scholarship (Pastoral Discounts Available)	Crusader Sibling Scholarship (Pastoral Discounts Available)	Crusader Sibling Scholarship (Pastoral Discounts Available)
Schedules	K2	K3	K4 (VPK)	K5 - 6 th	7 th - 8 th	9 th - 12 th
Daily School Hours	Half Day: 8:30am-11:30am Full Day: 8:30am- 3:20pm		Half Day: 8:30am - 11:30am Full Day: 8:30am - 3:20pm	8:30am - 3:20pm	8:30am - 3:20pm	8:30am - 3:20pm
Before School Care Hours	N/A		7:00am - 8:00am	7:00am - 8:00am	N/A	N/A
After School Care Hours	N/A		3:20pm - 6:00pm	3:20pm - 6:00pm	N/A	N/A
Student Population	K2	K3	K4 (VPK)	K5 - 6 th	7 th - 8 th	9 th - 12 th
Average Class Size	1:8		1:8	1:13	1:15	1:14
Accreditation	Florida Association of Christian Colleges & Schools (FACCS)	Florida Association of Christian Colleges & Schools (FACCS)	Florida Association of Christian Colleges & Schools (FACCS)	Florida Association of Christian Colleges & Schools (FACCS)	Florida Association of Christian Colleges & Schools (FACCS)	Florida Association of Christian Colleges & Schools (FACCS)

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CHECKLIST

Parents,

Please utilize this checklist to ensure all required documents are turned in with your enrollment packet. Your child's registration will not be complete until all of these forms have been obtained. This may affect your child's ability to attend the academy.

- _____ **Re-Enrollment Form/Family and Student Update**
- _____ **Compliance and Acknowledgement Form**
- _____ **Conciliation Clause Commitment**
- _____ **Medical Consent Form**
- _____ **Walker / Driver Form** (Available upon Parental Request)
- _____ **Before / After Care Form** (Available upon Parental Request)
- _____ **Current Physical Form**
- _____ **Current Immunization Form**
- _____ **Birth Certificate**
- _____ **Signed Tuition Contract, if applicable**
- _____ **Scholarship Award Letter, if applicable**

ADMIN: PLEASE INITIAL WHEN TASK IS COMPLETE	OFFICE USE ONLY
<input type="checkbox"/> Roster Fee Amount Paid \$ _____ Check Cash Credit Card	
<input type="checkbox"/> Book Fee Amount Paid \$ _____ Check Cash Credit Card	
<input type="checkbox"/> T-shirt logged Size: _____	
<input type="checkbox"/> Parent Updated in RenWeb	<input type="checkbox"/> Logged on Enrollment Report
<input type="checkbox"/> Student Updated in RenWeb	<input type="checkbox"/> Logged on Cumulative Financial Report
<input type="checkbox"/> Student Assigned RenWeb log in (7 th -12 th Grade)	

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Student Re-Enrollment Form 2018-2019

Student's Name: _____ New grade level: _____ T-Shirt Size: _____
Last First M.I.

Student's Name: _____ New grade level: _____ T-Shirt Size: _____
Last First M.I.

Student's Name: _____ New grade level: _____ T-Shirt Size: _____
Last First M.I.

Student's Name: _____ New grade level: _____ T-Shirt Size: _____
Last First M.I.

Student's Name: _____ New grade level: _____ T-Shirt Size: _____
Last First M.I.

I understand that FBCA policy prohibits refunds on Roster Fees. _____ (Parent Initial Please)

Family and Student Information Update

Please let us know if there is additional information that you have not updated in RenWeb. If you have not changed any information below, or you have already updated it in RenWeb, please leave this section blank.

Custodial / Legal Guardian Change: _____

Address: _____

Primary Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone Number: _____

Allergies or medical updates Student: _____ Issue: _____

Student: _____ Issue: _____

Walker / Car Rider changes: _____

New 504 / IEP: Yes _____ No _____ Student Name: _____

Are you changing your financial payment method or scholarship type? _____

If yes, please indicate the change: _____

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Student Re-Enrollment Form 2018-2019

Compliance and Acknowledgements

I have read the revised **Parent / Student handbook**, and my family agrees with all policies and procedures therein. We promise that we will abide by what is presented within all pages of the handbook.

Print Name: _____ Parent Signature: _____

Print Name: _____ Parent Signature: _____

I have read the new and updated **Substance Abuse Policy**, and my family agrees with all policies and procedures therein. We promise that we will abide by what is presented within all pages of the Substance Abuse Policy.

Print Name: _____ Parent Signature: _____

Print Name: _____ Parent Signature: _____

I have read the revised **Attendance and the Dress Code Policy**, and my family agrees with all policies and procedures therein. We promise that we will abide by what is presented within all pages of the Attendance and the Dress Code Policy.

Print Name: _____ Parent Signature: _____

Print Name: _____ Parent Signature: _____

Please note: The most up-to-date FBCA handbook can be found on our website at www.crusadersonline.org.

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Conciliation Clause Commitment

The parties to this agreement are Christians, and therefore believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (See Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement/enrollment or school policy shall be settled by Biblically-based mediation. Additionally, both parties agree not to use social media as a means to air grievances or inflame disputes. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision or in the event of a violation in state or federal law.

Normal communication regarding complaints and/or grievances will be handled according to the process outlined in the School Handbook in alignment with Matthew 18:15-20.

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or

Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or

Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

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**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR
CHILD (one for each child)**

FBCA will always contact parent or emergency contacts first. Should we not be able to reach anyone we will proceed in the best interest of your child. This form is required for enrollment into First Baptist Christian Academy. If you are unavailable, an Emergency Consent form allows you to provide consent for your child's emergency care. Protect your child by leaving this form with First Baptist Christian Academy. In the event of a medical emergency, the form should accompany your child to the hospital.

Child's name: _____ Child's date of birth: _____

Physician: _____ Physician's Telephone: _____

Address of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____ Cell: _____

Employer: _____ Phone: _____

Health Insurance Co.: _____ Member #: _____ Group #: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Emergency Contact (other than parent/guardian): _____

_____ Cell: _____

Allergies to Medicine: _____

Allergies to Foods: _____

Current medications: _____

Current medical problems: _____

Child's Dentist _____ Phone _____ Address _____
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I, (we) _____ and _____ give permission for the child listed above to receive medical treatment in the event of an emergency, accident, injury or sickness. I give authorization First Baptist Christian Academy to consent for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment.

Signed (parent/guardian): _____ Date: _____

Witness my hand and official seal, this _____ day of _____, 20_____