

# **First Baptist Christian Academy**



## **Kindergarten – 12<sup>th</sup> 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 2019-2020

## 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**

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

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

## **Student Re-Enrollment Form 2019-2020**

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 requires a Roster Fee of \$150 per student or \$450 maximum by 3/31/19 or students will not be considered as enrolled for the 19/20 school year. \_\_\_\_\_ (Parent Initial Please)**

**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: \_\_\_\_\_

# First Baptist Christian Academy (Grades Pre-K - 12) Student Re-Enrollment Form 2019-2020

## 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](http://www.crusadersonline.org).**

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

## **Student Re-Enrollment Form 2019-2020**

### **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**

"FBCA ADMITS STUDENTS OF ANY RACE, COLOR, OR NATIONAL ORIGIN TO ALL RIGHTS, PRIVILEGE, PROGRAMS, AND ACTIVITIES GENERALLY AVAILABLE TO OTHERS. FBCA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, NATIONAL OR ETHNIC ORIGIN IN THE ADMISSION PROCEDURES, IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, OR IN ITS HIRING PRACTICES."

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**Student Re-Enrollment Form 2019-2020**

**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 \_\_\_\_\_

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\_\_\_\_\_