



## Faith Community Christian Academy

"If you have **faith** as small as a mustard seed, you **can** say to this **mountain**, '**Move** from here to there,' and it will **move**. Nothing will be impossible for you."  
-Matthew 17:20

### **APPLICATION**

"In accordance with Federal law, and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

### **Admission:**

#### **Faith Community Christian Academy**

#### **ADMISSION PROCEDURE**

All parents/guardians interested in enrollment for their children follow the Admission Procedure:

1. Parents/guardians schedule an official tour through the front office; it is recommended that student attend the tour. At close of the tour as Enrollment/Application Form and handbook shall be given.
2. Applicants will schedule an interview with a School Admissions Director.
3. The school Enrollment/Application Form shall be completed and submitted at the time of interview with the admissions director
4. Upon acceptance, a completed school admission packet with official prior school records and original State Department of Health forms are required. Payment in full of the registration fee guarantees a student's place. Each student's enrollment is subject to a thirty day period during which the student's behavioral and academic level will be re-evaluated for the purpose of determining continuance or dismissal.



**2023-2024**

**Tuition and Fee Schedule**

Non-refundable Enrolment/ Application Fee	\$120.00
Standardized Test Fee – Iowa Test (3 <sup>rd</sup> -12 <sup>th</sup> grade)	\$30.00
Non-refundable Curriculum Fee	\$350.00
Standard Tuition	\$10,000.00

**Payments can be made via check payable to Faith Community Christian Academy.**

**Tuition and fees are non-refundable.**

**Returned checks are subject to a \$35 service fee.**

**Scholarship Opportunities**

**Faith Community Christian Academy participates in the following state scholarship programs. Parents/guardians are responsible for determining their students' eligibility and applying for scholarships. All prospective new students**

must follow **Faith Community Christian Academy Admission Procedure**.  
Qualifying for a scholarship does not guarantee admission.

### **McKay Scholarship Program**

McKay/FES-UA students now utilize the EMA program. You can apply for this program at [www.stepupforstudents.org](http://www.stepupforstudents.org).

### **Step Up For Students**

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

Step Up For Students was created to help alleviate the enormous educational challenges faced by children in Florida who live near poverty. The program provides Tax Credit Scholarships to students in K-12 who come from low-income families. These scholarships allow the students to consider a private school or an out-of-district public school that may better suit their individual needs, an option which already is available to families of greater financial means. This choice is not based on whether the public school is judged as succeeding or failing. Rather, it recognizes that different children learn in different ways and that our collective struggle is to help the students who often are at the greatest disadvantage in modern education.

### **Faith Community Christian Academy Enrollment Application:**

Name of Child: \_\_\_\_\_ Birth date: \_\_ / \_\_ / \_\_ Sex: M\_\_ F\_\_

Full name of Mother: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mail to Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_

**\*\*VALID PHONE NUMBERS MUST BE KEPT UPDATED\*\***

**Person(s) to contact in case of emergency/Authorized to pick up student(s):**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Person(s) Authorized to pick up student(s):**

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

Has child had previous experience in Private School? Yes ( ) No ( ) If yes explain:

\_\_\_\_\_

Has child ever been suspended or expelled form school? Yes ( ) No ( ) If yes explain:

\_\_\_\_\_

Is the family currently involved in a church? Yes ( ) No ( ) If yes please provide church name, pastor's name and pastor's phone number for reference:

\_\_\_\_\_

Does the child profess to be a Christian? Yes ( ) No ( )

Do the parents/guardians profess to be a Christians? Yes ( ) No ( )

Does the family oppose the views of the Christian faith? Yes ( ) No ( )

Are your Child's immunizations up to date? Yes ( ) No ( ) \*copies of your students birth certificate, immunization record, and current physical must be turned into the front office prior to starting school.

If no please explain: \_\_\_\_\_

Parents please read and sign below acknowledging that you understand the dress code requirements for your student(s). \*\*This information can be found in the student handbook.

**\*\*STUDENT SIGNATURE:** \_\_\_\_\_

**\*\*PARENT SIGNATURE:** \_\_\_\_\_

By signing below, I acknowledge that I have read and understand all policies listed in the student handbook, and should I have any questions I will seek out staff and/or administration to provide a detailed explanation.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

### **Child's Health History**

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

- |                                     |                                      |                                      |   |  |
|-------------------------------------|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Earaches    | <input type="checkbox"/> Mumps       | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis      |
| <input type="checkbox"/> Eczema     | <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Polio       | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Frequent Colds  |
| <input type="checkbox"/> Croup      | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles     | <input type="checkbox"/> Influenza      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____   |  |

Please list any injuries child has had: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions: \_\_\_\_\_

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Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

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Do you have any concerns about your child's development? Yes ( ) No ( ) If yes please comment:

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Please comment on any other medical information/ or special need the school should be aware of:

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I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (ambulance fees and/or health care costs are the responsibility of the parent/guardian)

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(Date)

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(Signature of parent/guardian)

## **Faith Community Christian Academy / Consent Forms**

### **Permission for Activities:**

I/We hereby give **FCCA** permission to take my/our child, \_\_\_\_\_, off the premises and on excursions that will take place during regular school hours. I/We understand that I/We will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for the safety and wellbeing of all the children. I/We also understand that **Faith Community Christian Academy** will not be liable for any accident or injury.

Consent is for normal activities unless indicated below ~ the following activities may occur during the course of the day at **Faith Community Christian Academy**.

Please initial those activities your child **does not** have permission to participate in:

\_\_\_\_\_ Go for walks

\_\_\_\_\_ Ride a bike

\_\_\_\_\_ Swing on Swing sets

\_\_\_\_\_ Play in water

\_\_\_\_\_ Watch Movies

Please list any other activities in which your child should **NOT** participate? \_\_\_\_\_

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**Photo Permission:**

I/We give permission for **Faith Community Christian Academy** to use our student(s), \_\_\_\_\_, photograph on the website, fliers, brochures, or any other publication relative to First Assembly Christian Academy.

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(Date)

(Signature of parent/guardian)

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