



FIRST BAPTIST ACADEMY

ENROLLMENT FORM FOR GRADES K-5 NEW AND RETURNING STUDENT 20__-20__ School Year

I hereby wish to enroll _____ as a _____ grade student at First Baptist Academy for the school year.

STUDENT INFORMATION

Last Name: _____ First Name _____ Middle _____
Date of Birth: _____ Age as of September 1st _____
Social Security Number _____
Home Address: _____ City & Zip: _____
Previous School / Day Program Experience (New student only): _____

PARENT / GUARDIAN INFORMATION

Parent /Guardian Name: _____
Relationship to Child: _____
Home Address: _____ City & Zip: _____
Email Address: _____
Home Phone: _____ Cell: _____ Work: _____
Cell Phone Provider: _____
Place of Employment: _____

Parent/Guardian Name: _____
Relationship to Child: _____
Home Address: _____ City & Zip: _____
Email Address: _____
Home Phone: _____ Cell: _____ Work: _____
Cell Phone Provider: _____
Place of Employment: _____

***Important Age Requirement: Student must have turned five years of age to attend Kindergarten or six years of age to attend First Grade, on or before September 1st of enrolling school year.**

Parent/Guardian: _____

MEDICAL INFORMATION

Child's Doctor: _____ Office Phone: _____

Child's Dentist: _____ Office Phone: _____

Known Allergies: _____

Medication / Other Medical Concerns: _____

Insurance Company _____ Insurance Policy # _____

AUTHORIZED PICK UP AND EMERGENCY CONTACTS

(Please list as many as possible)

Our policy, in the event of a medical emergency is to contact you first. If we are unable to contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative, or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child. Please use the back of this page to add additional contacts. Your signature below will provide us with the authorization to release your child to the following and or contact the following in case of an emergency.

1. Name: _____
Relationship to Child: _____
Address: _____ City & Zip: _____
Home Phone: _____ Cell: _____ Work: _____

2. Name: _____
Relationship to Child: _____
Home Address: _____ City & Zip: _____
Home Phone: _____ Cell: _____ Work: _____

3. Name: _____
Relationship to Child: _____
Home Address: _____ City & Zip: _____
Home Phone: _____ Cell: _____ Work: _____

4. Name: _____
Relationship to Child: _____
Home Address: _____ City & Zip: _____
Home Phone: _____ Cell: _____ Work: _____

Parent / Guardian Signature

Date

REQUIRED BIRTH CERTIFICATE / SOCIAL SECURITY

A legible copy of the birth certificate and social security card must be provided (new students only).

IMMUNIZATIONS / PHYSICIAN SIGNATURE / CURRENT PHOTO

A current immunization record with the physician's signature must also be provided to complete the enrollment process (new and returning students). For emergency purposes, a current photo of your child is requested as well.

REQUIRED REGISTRATION FEE:

The \$375.00 registration fee must be paid by March 31. After March 31st the registration fee will go up to \$400.00. This fee covers all curriculum for the school year and secures your child's place in FBA. *This fee is non-refundable, except in the event in which a student does not meet our criteria for enrollment.*

PARENT ACKNOWLEDGMENT

I am the parent and / or guardian of _____.
I hereby agree to enroll my child in First Baptist Academy (FBA) of Portland, Texas.

The following information will be on file with the FBA office and must be kept current: My child's full name, birth date, home address, home phone number, parents names, and the name of the person financially responsible for tuition payments; Medical/Emergency information such as the name and phone number of my child's physician and dentist, physician signed immunization records, and emergency contacts and authorization; Also, phone numbers where each parent may be reached during the hours my child is at FBA and the phone numbers of at least two other people who will be contacted in case I am unavailable during an emergency. I understand my child will not be allowed to attend without all forms on file in the FBA office.

*** I acknowledge my permission for my child to take field trips, be transported by the FBA vehicle, or by walking, and to participate in water activities sponsored by FBA. I will be notified in advance of trips or activities.

*** I will have my child to class on time, in appropriate uniform dress, meet with teachers or staff as needed, and cooperate with FBA to ensure my child's success.

*** I will be informed of persistent misconduct and will help to remedy my child's inappropriate behavior as needed. I understand FBA has the right to dismiss my child if efforts to correct misbehavior fail.

*** I give FBA permission to photograph/video my child. I understand these photographs may be used for bulletin boards, newsletters, the FBA website, **Facebook**, and or other promotional reasons such as FBA announcements in church.

Parent / Guardian Signature

Date

Commitment and Agreement

New Students only:

_____ Yes, we are new to FBA. **A non-refundable one-time application fee of \$75 is due at the time of the application and/or enrollment.**

New and Returning Students:

\$375 registration fee covers curriculum. This is due with the return of this form. (non-refundable)

\$400 after May 1 (non-refundable)

Tuition \$5,500

Payment Plans:

*10 monthly payments of \$550 beginning August 1st and ending May 1st

*Payment in full of \$5,390.00 on August 1st includes a 2% discount

*Two semester payments of \$2,750 due on August 1st and \$2,750 on January 1st

Payments are deemed late if not paid by the 5th of each month. A late fee of \$20 will be added to tuition payment.

Signed _____ Date _____