FIRST LOVE CHRISTIAN ACADEMY
INTENT TO RE-ENROLL IN THE FALL OF 2018

Student Name _____ Date _____ Grade level fall 2018 _____

Parent(s)/Guardian(s) Name(s)_____ _____

Address _____

E-mail _____Phone _____Cell _____

Tuition information
FULL-TIME $10,000 DUAL – VOTECH $8000   PART – TIME $1400/COURSE
            [2ND CHILD $9000 OR $7700   3RD CHILD $8000 OR $6900   4TH CHILD $7000 OR $6100]
Processing fee $100 Technology Fee $320 Text & Materials Fee $180 Science Equipment Fee $100 Time Commitment $500

Family Tuition Plan:
_____ We qualify for the 50% Middle Income Discount (Income < $200,000)
_____ Will be paying the full amount owed _____-5%by May 1st OR ___-3% by June 1st
       credit card option is available
_____ Will be making 10 monthly payments on the amount
_____ Will be requesting Financial Aid through the EITC program in addition to the 50% MI discount
       Please send me the Financial Aid application due May 10th for returning students
_____ Will be requesting a scholarship through a church or private donation
_____ Have been awarded a scholarship through _____(authorized signature) .

I am declaring my intent to enroll the above child in the non-affiliated, Bible-based First Love Christian Academy. I attest the following to be true:

_____ My child has the **desire to build a relationship with Jesus Christ**.
_____ My child has the **desire to achieve academically to the best** of his/her ability.
_____ My child **agrees to adhere** to the rules and regulations of FLCA and reflecting a Christian lifestyle.
_____ Our family **will attend the church** of our choice supporting First Love's Statement of Faith

It will be my responsibility as the parent/guardian to ensure that the academy receives tuition payments on time.

_____   Date _____
Signature of the Student

_____   Date _____
Signature of parent/guardian

_____   Date _____
Signature of parent/guardian (if applicable)

Admission is not automatic with the submission of the Intent to Re-Enroll. The enrollment committee will review each student file. **Please return as soon as possible with the $100 application fee for processing**.

Dr. Kathleen Miller
Superintendent

2018 – 2019 Academic Year

Student Name_____ DOB _____ Date _____

FAMILY INFORMATION FORM HOME SCHOOL DISTRICT_____

If home district provides transportation, is the family interested in FLCA arranging transportation? ___yes ___no

Person(s) with whom student resides:

(All school information will be sent to the primary residence unless otherwise requested)

Name _____	Name _____
☐ parent ☐ step ☐ guardian**	☐ parent ☐ step ☐ guardian
Address _____	Address _____
_____	_____
City State Zip	City State Zip
Home Phone _____	Home Phone _____
Cell/Pager# _____	Cell/Pager# _____
E-mail _____	E-mail _____
Work Number _____	Work Number _____
Occupation _____	Occupation _____
Employer Name _____	Employer Name _____
Church Affiliation _____	Church Affiliation _____
Address _____	Address _____
_____	_____
City State Zip	City State Zip
Pastor _____Phone _____	Pastor _____Phone _____
Are you a member? ____ How long? _____	Are you a member? ____ How long? _____
Do you attend regularly? _____	Do you attend regularly? _____
Marital Status _____	Marital Status _____

Siblings:	age	M / F	current school	grade
_____		☐ ☐	_____	
_____		☐ ☐	_____	
_____		☐ ☐	_____	

Parental Information (Other than applicant's primary residence)

Name _____	Name _____
☐ parent ☐ step	☐ parent ☐ step
Address _____	Address _____
_____	_____
City State Zip	City State Zip
Home Phone _____	Home Phone _____
Cell/Pager# _____	Cell/Pager# _____
Work Number _____	Work Number _____
E-mail _____	E-mail _____

Siblings:	age	M / F	current school	grade
_____		☐ ☐	_____	
_____		☐ ☐	_____	
_____		☐ ☐	_____	

**If guardian, a notarized document must be submitted.

Student Name_____

I.) Family Registration

If you would like your family's name listed in the student directory, please indicate the name and number you would like listed.

Name _____   number _____

Provide directions to the exact location of the primary residence of the student

_____

_____

_____

Language survey:

Does the student speak a language other than English? _____

What languages other than English are spoken in your home? _____

Pick-up and Contact Information

Person(s) authorized to pick up the child _____

_____

Parents other than primary residence to receive report cards _____

Persons not authorized to visit or pick up by court order _____

Relationship to student _____

Health Insurance

Insurance company _____

Insurance carrier _____

Policy number _____   Group number _____

Family physician _____   Phone number _____

Please check and explain any conditions the student may have which could impact school performance or require special management at school.

☐ allergies _____   ☐ convulsions _____   ☐ medication being taken _____

☐ blood disease _____   ☐ contact lenses or glasses _____   ☐ kidney disease _____

☐ asthma _____   ☐ hearing loss _____   ☐ heart disease _____

☐ diabetes _____   ☐ rheumatic fever _____   ☐ nosebleeds _____

☐ Epilepsy _____   ☐ other: _____

II.) Emergency Information Form

Student's name _____ d.o.b. _____ Grade _____
<div align="center">Last   First   Middle</div>

Address _____ City _____State ____ Zip _____

Primary phone _____ 2nd phone _____cell _____

In case there is an emergency and parents cannot be contacted, please list alternative relatives/persons (other than anyone listed on the family registration form) to contact:

Name _____relationship _____ phone_____
Name _____relationship _____ phone_____

List two neighbors or relatives who live nearby whom you agree to allow to have temporary care of your child if you cannot be reached (please make arrangements with people named below)

Name _____relationship _____ phone_____
Address _____ city _____state ____ zip _____

Name _____relationship _____ phone_____
Address _____ city _____state ____ zip _____

Blanket Medical Release

In case of an accident or serious illness, I request that the Academy contact me. In the event that I cannot be contacted or if the situation demands immediate attention, I give permission to the Academy personnel to administer first aid. Also, I authorize the school to arrange for this student to be transported to the closest emergency room by ambulance at my expense. I authorize medical personnel to perform the necessary care. Once admitted to the emergency room, I give permission for the necessary medical/surgery care.

This will be a blanket permit covering any and all outings, field trips, and events which my child will attend during the time this student is enrolled in the academy. My signature also serves to indicate my willingness to take full medical responsibilities for the student and to release the First Love Christian Academy from this liability.

Medication

No medication may be brought to the Academy or given without written permission from the custodial person. All medication brought to school must be immediately taken to the office upon entering the Academy and kept in its original labeled container. If medication is to be given on an extended basis, written permission from the family doctor and the custodial person must accompany the medication.

If a student has a need for over-the-counter medication (e.g., cough drops, Tylenol, Benedryl, etc.) to carry with him/her, he/she must bring a note from the parent. The original note will remain in the office, and a copy will be made for the student to carry with the medication itself.

Printed name of custodial person _____

Signature of custodial person _____Date _____