



512 Kivett Dairy Rd., McLeansville, NC 27301

(336) 763-2740

Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Goes By \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attending school & grade for student in 2014-2015 year \_\_\_\_\_

List any disabilities, complications, fears or allergies \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

If parents are separated or divorced, with whom does the child(ren) live? \_\_\_\_\_

**Emergency Care Information**

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**If neither Parent/Guardian can be contacted in case of emergency, call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Person(s) to whom the child may be released (other than parent):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Please continue on the other side)

**In signing this application, we agree to the following:**

We give our child permission to participate in all Faith Christian Academy events. This includes sports, field trips and all recreational activities.

We agree that the FCA staff may authorize the physician of their choice to provide emergency care in the event that neither we nor the family physician can be contacted. We give our permission for the Camp to administer emergency care if the need should arise. Any exceptions are hereby listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will cooperate with Faith Christian Academy in all policies and standards. We give permission for our child's teacher or the Academy Director to make and enforce regulations in a manner consistent with Christian principles and discipline as needed.

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A non-refundable Registration Fee of \$125.00 is required to hold a spot for your student.**

Date Paid \_\_\_\_\_ Received By \_\_\_\_\_

**K5 – 12<sup>th</sup> Grade: A technology/book fee of \$600.00 is due with Registration.**

**Preschool (K3, & K4): A book fee is due with Registration.**

*We would love to know a little more about you and your family!*

*Do you and your family attend church on a regular basis? \_\_\_\_\_*

*If yes, what is the name of your church? \_\_\_\_\_*