



FAITH CHRISTIAN
ACADEMY
Cutting Edge Christian Education

2420 Corporation Parkway, Burlington, NC 27215
512 Kivett Dairy Rd., McLeansville, NC 27301

Today's Date _____

Child's Full Name _____ Goes By _____

Age _____ Date of Birth _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____

Attending school & grade for student last school 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 FCA 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.

We understand that tuition is annual amount that is billed in accordance with the payment plan chosen and that registration and book fees are non-refundable. We also understand that withdrawal fees will apply if our student is withdrawn before the end of the school year.

Parent/Guardian's Signature _____ Date _____

A non-refundable Registration Fee is required to hold a spot for your student.

Date Paid _____ Received By _____

K5 – 12th Grade: The technology/book fee is due upon enrollment.

Amount _____ Date Paid _____ Received By _____

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? _____