

CHURCH INFORMATION

Christian experiences: Father saved Mother saved

Church family attends _____ Denomination _____

Address _____

Phone _____ Attendance: every week fairly regular seldom

Allergies/ Disabilities/ Special Services

List any known allergies _____

List any disabilities or physical or mental problems that would limit your child's participation in the center's programs or activities _____

Description of any special procedures to be followed in caring for your child _____

Emergency Contact Information

Persons other than parent who can be contacted in case of emergency : (*required information*)

Name /address	Relationship	Home Phone	Work Phone
Name /address	Relationship	Home Phone	Work Phone
Name /address	Relationship	Home Phone	Work Phone

CERTIFICATE OF IMMUNIZATION

GEORGIA LAW REQUIRES A CERTIFICATE OF IMMUNIZATION BE COMPLETED BY YOUR DOCTOR OR HEALTH DEPARTMENT BEFORE A STUDENT ENROLLS IN SCHOOL. STUDENTS ENROLLING MAY NOT ATTEND FFA WITHOUT HAVING A BIRTH CERTIFICATE AND CERTIFICATE OF IMMUNIZATION ON FILE IN THE OFFICE.

Whom shall your child be released to

Name _____ Address _____ Phone number _____

Name _____ Address _____ Phone number _____

Name _____ Address _____ Phone number _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Primary Care Physician

Name of Primary Physician _____

Clinic's Name _____

Telephone Number _____

FINANCIAL SUPPORT

I understand that I am responsible for all financial obligation that are incurred by the registration of my child in FFA. Tuition payments are due on the 1st of each month. Accounts will be considered delinquent after the 10th of the month and the account will be assessed a \$20.00 late fee. If the account becomes more than 30 days delinquent, the parent will be asked to withdraw their child from school. The student can be reinstated when the account is brought current. If a check is returned, it must be replaced in cash. If a second check is returned during the year, then all fees must be paid in cash for the remainder of the year. We cannot accept post-dated checks. Accounts must be paid in full before the student can be considered for enrollment for the next school year. By signing this statement, I fully understand that I am responsible for the entire tuition and fees for the school year in which my child is attending.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

REGISTRATION

The information provided in this application is to the best of my knowledge complete, accurate, and true. I understand that the registration fee must be paid before a child is enrolled and that is **non-refundable**. I understand that before my child can attend the first day of school that the first month's tuition must be paid and a copy of my child's birth certificate, notarized medical authorization form and certificate of immunization must be on file in the office.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

NON-DISCRIMINATORY ADMISSIONS POLICY

FIRST BAPTIST CHURCH FAITH FRIENDS ACADEMY PROGRAM ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN TO ALL RIGHT, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAIVALBE TO STUDENTS AT THE SCHOOL IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, AND OTHER SCHOOL ADMINISTERED PROGRAMS.

PARENT QUESTIONNAIRE

In order to know your student and your family better, your responses below will be very helpful to us in the admissions process. Thank you for your time and insight.

Please give a brief statement of your family's Christian faith. _____

Please describe your family's church involvement. _____

How did you hear about First Baptist CWE ? _____

What are the primary reasons you are seeking a Christian education for your child ? _____

What are your child's academic strengths/weaknesses ? _____

Briefly describe your child's personality. _____

Has your child ever been diagnosed with any physical or psychological problem ? (i.e. ADD, ADHD , etc.)

Yes

No

Is he or she taking medication ?

Yes

No

We welcome any additional comments that you might like to make concerning your child. A parental perspective helps us to know each applicant more completely.

My signature below indicates that all information on this application is complete and factually presented.

Parent/Guardian Signature

Date