

## FAIRFIELD CHRISTIAN ACADEMY SUMMER COMPUTER I OPTION

**FCA Computer I – 1.00 credit course will include the 2 Ignitia courses below. Students may also select from other computer options as well to meet the 1.00 credit. Please see the FCA Course Description Handbook or contact the guidance office for alternative options.**

### **Ignitia Keyboarding and Applications (.50 –computer credit)**

Keyboarding and Applications is a semester-long elective that teaches students keyboarding skills, technical skills, effective communication skills, and productive work habits. In this course, students will learn about proper keyboarding technique. Once students have been introduced to keyboarding skill, lessons will include daily practice of those skills. Students will gain an understanding of computer hardware, operating systems, file management, and the Internet. In addition, they will apply their keyboarding skills and create a variety of business documents, including word processing documents and electronic presentations.

### **Ignitia Office Applications 1 - (.50 – computer credit)**

Office Applications I is a semester-length, high school elective that explores the use of application skills in Microsoft® Word®, Publisher®, and PowerPoint® 2013. Students will use these applications to design, develop, create, edit, and share business documents, publications, and presentations. This course provides key knowledge and skills in the following Microsoft Office® applications Word, Publisher and PowerPoint.

Mrs. Kara Stephens will be the supervising instructor during the summer.

Student Orientation will be held during the last week of the school year.

The program must be completed by the first week of August. If a student is not done by that deadline then the student will be scheduled into an Ignitia lab until the course is complete. Please note that will mean a two week period where the student will not be able to communicate with the teacher, so finishing on time is highly recommended.

Cost: \$160.00 - REGISTRATION DEADLINE is May 15th.

Payment must be received at FCA by May 25<sup>th</sup> or student will not receive log-in at orientation.

Mail the registration form to the attention of: Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130. You may bring the form directly to the High School Office, or e-mail to [kstephens@fcaknights.us](mailto:kstephens@fcaknights.us) , or fax to 740-654-7689.

Course Cancellation: In the event of course cancellation, you will be notified and a full refund of fees will be issued.

Refund Policy: A \$20.00 fee will be charged for all cancellations. (Does not apply in the case of a course cancellation.) No refunds will be issued unless withdrawal is made 2 weeks prior to start of course.

## SUMMER COMPUTER I REGISTRATION

To register, please return this form by May 15<sup>th</sup>. Payment must be made by May 25<sup>th</sup>. \$160.00 per course.

Student Name \_\_\_\_\_ Student Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Forgiveness course requested (Subject name) \_\_\_\_\_

**Return this form to:** Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130 or you may bring the form to the High School Office or scan and e-mail to [kstephens@fcaknights.us](mailto:kstephens@fcaknights.us), or fax to 740-654-7689

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (daytime) \_\_\_\_\_

Complete the *Emergency Medical Information* below. Although the majority of this class is on-line at home, the student will still need to come into FCA to take the tests and this information must be on file in the case of an emergency during those brief times on campus.

### **Emergency Medical Information**

#### **Emergency Contact:**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Please indicate relevant medical information about this child:

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_

**Parent Authorization:** In the event reasonable attempts to contact me are unsuccessful, I give consent for: 1) the administration of any treatment deemed necessary by the above named doctors, or by another licensed doctor/dentist if one above is not available. 2) the transfer of my child to any reasonably accessible hospital. Authorization does not cover major surgery unless two other licensed doctors, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Refusal to consent:** In the event of injury or illness, I do not give my consent for emergency medical treatment of my child.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_