



Child's Name _____

Child's DOB _____

Fairfield Christian Academy Preschool Enrollment Checklist

Thank you for your interest in our preschool program. To complete the enrollment process, please indicate which program you are interested in and finish each item on the checklist below.

Days and times of program are indicated on Form B

Pre-K3

Pre-K5 (full day)

Pre-K4 (AM)

Childcare (staff only)

Pre-K4 (PM)

\$75 Application Fee (check made payable to FCA)

Complete and Sign the Family Information and Student Profile

Custody Agreement Documents (if applicable)

Complete the Emergency Medical Release (Form A)

Complete the Pick-up List (Form B)

Complete the FACTS Agreement (Form C)

Sign the Liability Release/Acknowledgment of Handbook (Form D)

Child Medical Statement (Must be signed by your child's physician)

**This form must be
completed annually.**

Acquire a copy of immunization records from your child's physician

Enroll in FACTS online at www.online.factsmgt.com/signin/3CP5



Child's Name _____

Family Information and Student Profile

First Contact _____	Spouse _____
Street Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____ Work Phone _____
Email _____	Which phone number should be called first? Home Cell Work
Job Title _____	Employer _____

Second Contact _____	Spouse _____
Street Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____ Work Phone _____
Email _____	Which phone number should be called first? Home Cell Work
Job Title _____	Employer _____

Student resides with:	Father/Mother (same residence)	Father (separate residence)	Mother (separate residence)
Other: _____	_____		
Name (please print)	Relationship to Student		
Is either parent (or other individual) forbidden by court order from having equal access to the child or school records? Copies of custody paperwork must be submitted with this application.	Yes No		

Has your child ever attended child care or preschool at FCA?

Yes No Please explain your child's previous schooling or child care experiences.

Does your child have any siblings that are currently enrolled in FCA Childcare/Preschool or FCA K-12?

Yes No If yes, please provide their names: _____

Has your child ever been diagnosed with a speech or hearing disability?

Yes No If yes, please explain: _____

Is your child potty trained? (All students are required to be fully potty trained to attend preschool)

Yes No



Child's Name _____

Family Information and Student Profile

List any chronic physical problems and history of hospitalization:

List any diseases that your child has had:

Does your child wear glasses? Yes No

Do you attend church? Yes No If yes, where? _____

Has your child ever been dismissed or asked to leave a school or child care facility? Yes No

If yes, please explain _____

Has your child ever been tested for behavioral, emotional or psychological conditions or any other conditions that require specialized care? Yes No

If yes, please explain _____

Do you feel there are any characteristics relating to the health or personality of your child that may be helpful to your child's teacher? Yes No

If yes, please explain _____

Optional. Please select the appropriate race/ethnic class for your child (The IRS and Ohio Reporting requirement request this information).

I do not wish to provide this information

African American

Hispanic

Asian

Native American

Multi-racial

White

Parent/Guardian Signature

Date



Emergency Medical Authorization

FORM A

Program name _____

Student name _____ DOB _____

Address _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Please circle the appropriate identifier before each name.

Name of Mother or Guardian 1 _____ Phone _____

Name of Father or Guardian 2 _____ Phone _____

The individuals listed below must be different than the parents/guardians listed above. Emergency contact information is required by the Ohio Administrative Code Rule 3301-37-08 and Rule 3301-32-10.

Emergency Contact #1 _____ Relationship _____

Phone _____ Address _____

Emergency Contact #2 _____ Relationship _____

Phone _____ Address _____

Emergency Contact #3 _____ Relationship _____

Phone _____ Address _____

TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

Signature of Parent/Guardian _____ Date _____

REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to follow the attached plan.

Signature of Parent/Guardian _____ Date _____



Child's Name _____

Permission for Transportation (Pick-Up List)

I give ONLY the following people permission to pick up my child from FCA. Please list all possible persons at this time. Please be sure to include yourself, spouse and those whom you have listed as emergency contacts. The office must receive additional requests in writing prior to the day that a new person will be picking up your child.

Name	Phone Number	Relationship to Child

Please Check a Preschool ProgramDaysTimes

Pre-K3	Tuesdays & Thursdays	8:30 AM - 11:00 AM
Pre-K4 (AM)	Mondays, Wednesdays & Fridays	8:30 AM - 11:00 AM
Pre-K4 (PM)	Mondays, Wednesdays & Fridays	12:00 PM - 2:30 PM
Pre-K5 (full day)	Monday - Friday	8:05 AM - 2:45 AM
Childcare (staff only)	Monday - Friday	7:30 AM - 5:30 PM

PHOTO RELEASE

I give permission for my child to be included in videotaping and photos to be used by Fairfield Christian Academy.

I **do not** give permission for my child to be included in videotaping and photos to be used by Fairfield Christian Academy.

PERMISSION TO PARTICIPATE IN WATER PLAY

I give permission for my child to participate in water play at Fairfield Christian Academy. Water depth will not exceed two feet.

I **do not** give permission for my child to participate in water play at Fairfield Christian Academy.

ANNUAL CLASS ROSTER

I authorize my child's name, my name and my phone number to be listed on the parent roster.

I **do not** authorize my child's name, my name and my phone number to be listed on the parent roster.

Parent/Guardian Signature_____
Date



Department
of Education

Office of Early Learning and School Readiness

Child Medical Statement

Revised 3/12/2018



Immunization records can be faxed to:
FCA Childcare/Preschool
(740)654-7689

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Immunizations:	Exempt from Immunization:
Complete for Age <input type="radio"/> Yes <input type="radio"/> No	Religious Conviction <input type="radio"/> Yes <input type="radio"/> No
In Process <input type="radio"/> Yes <input type="radio"/> No	Health <input type="radio"/> Yes <input type="radio"/> No
	Other _____

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

☐ Physician

☐ Physician Assistant

☐ Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.



Child's Name _____

FACTS Agreement

In signing the Statement of Agreement, I/We agree to the following:

1. Tuition and Fees Financial Policy: Tuition and fees will be charged according to the Schedule of Tuition and Fees adopted by the school for the applicable school year. By signing this contract, I agree to abide by the policies relating to the payment of such tuition and fees.

2. The person(s) responsible for payment of tuition and fees:

Name _____ Phone _____

Email Address _____

Billing Address _____

For the next year I will pay my child's tuition through FACTS:

Monthly Payments: TWELVE monthly payments through FACTS only. (NO cash or check payment option.) Parents who use the automated process of tuition payments may elect to pay tuition on the 5th or 20th of each month through the FACTS payment plan. The FACTS annual enrollment fee is \$50.

Pay in full

I/we understand that for any student withdrawals, a written two week notice is required with payment in full for the final two weeks. Any subsequent changes in my payment option will result in a \$20 administrative charge. I/we further understand that checks returned from the bank for insufficient funds, will incur a \$25 returned check fee and require immediate cash payment for all charges due. I/We realize that failure to meet this financial agreement will result in dismissal.

For any additional financial questions, please email Pam McCarty at pmccarty@fcaknights.us.

In signing this Statement of Agreement, I/we agree that I am/we are responsible for payment of all tuition and fees for the child covered by this agreement.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Child's Name _____

Liability Release & Acknowledgment of Handbook

BOTH PARENTS/GUARDIANS MUST SIGN UNLESS ONLY ONE HAS ALL CUSTODY RIGHTS

This Release of Liability is executed in consideration for allowing the above-named child to enroll in Fairfield Christian Academy and to participate in activities related to the school. This Release of Liability must be signed by BOTH parents/guardians unless only one parent/guardian has all custody rights.

We/I, on behalf of our/my child do hereby release and forever discharge and agree to hold harmless Fairfield Christian Academy, Fairfield Christian Church, and the School Administration, Staff and Volunteers, from any and all loss, liability, claims, or demands of any nature, including but not limited to negligence, which may be incurred by the undersigned, and the child while he/she is enrolled at Fairfield Christian Academy.

Furthermore, we/I and on behalf of our/my child assume all risks of personal injury, sickness, death, damage, and expenses as a result or participation in recreation, study, and school-related activities in which the designated child is involved.

We/I, the undersigned, further hereby agree to hold harmless and indemnify Fairfield Christian Academy, Fairfield Christian Church, and its School Administration, Staff and Volunteers, for any liability sustained by Fairfield Christian Academy, Fairfield Christian Church as a result of the negligent, willful, or intentional acts of the named child, including any related expenses.

I acknowledge that a copy of the Fairfield Christian Academy Preschool Parent Handbook has been provided to me and that it is my responsibility to review the policies and guidelines outlined in the handbook. The handbook is also publicly available on the FCA website.

I agree to adhere to all of the policies and guidelines of the program as outlined in the handbook. I understand that I will be notified of any changes made to these policies.

Parent/Guardian 1_____
Print Name_____
Signature_____
Date**Parent/Guardian 2**_____
Print Name_____
Signature_____
Date