

FAIRFIELD CHRISTIAN ACADEMY SUMMER HEALTH

For FCA Students entering grades 9–12

HIGH SCHOOL HEALTH COURSE OVERVIEW– High School Health is an on–line program through Switched–On Ignitia program offering student access at any time of the day. Successful completion of the course with a minimum grade of 65% will result in .50 credit for health. This grade will be entered on the student’s transcript as a summer term course.

Upon completion of the course, students should be able to do the following:

- Demonstrate an awareness of health as it applies to their own bodies, minds, and emotions.
- Demonstrate an awareness of health as it applies to their living environments.
- Identify the components of a healthy lifestyle and set reasonable goals to achieve a lifestyle of wellness.
- Understand that incorporating sound health practices creates a lifestyle of moderation and wellness.
- Understand the responsibility of properly stewarding the bodies God has given them as directed in the Bible.
- Describe health as it applies to broader society, the world, and their own responsibility to stimulate good health around them.

Grading: Lessons and quizzes, within each unit, require a 95% grade before the student can move on to the next assignment. All units have a final test that must be completed at FCA or via Zoom. Those monitored tests will be done on Wednesdays from 9:30–10:30 during June and July either at FCA or via Zoom.

Course weights: Lessons – 30%; Quizzes – 25%; Projects – 10%; Unit Test – 35%

Mrs. Kris Brake 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 2 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. Student must be going into high school. Payment must be received at FCA by May 25th or student will not receive log–in at orientation.

Mail form to the attention of: Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130 or you may bring the form directly to the High School Office or e–mail to kstephens@fcaknights.us or fax to 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 HEALTH PROGRAM REGISTRATION

To register, please return this form by May 15th. Payment must be made by May 25th.

Return this form to: Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130 or turn in to the High School Office or scan and e-mail to kstephens@fcaknights.us or fax to 740-654-7689

Parent or Guardian's Name _____

Address _____

City/State/Zip _____

Telephone (daytime) _____

Student Name _____ Student Grade (next academic year) _____

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 testing 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 _____