



FAIRFIELD
CHRISTIAN
ACADEMY

Child's Name _____

Fairfield Christian Academy Sonzone Enrollment Checklist

Thank you for your interest in Fairfield Christian Academy's Sonzone services. To complete the enrollment process, please finish each item on the checklist below.

- \$65 Application Fee (check made payable to FCA)
- Complete and Sign Family Information Page
- Complete Transportation Permission Sheet (Form B)
- Complete FACTS Agreement (Form C)
- Sign Liability Release/Acknowledgement of Policies (Form D)
- Enroll in FACTS online at www.online.factsmgt.com/signin/3CP5 for tuition payment plan



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Child's Name _____

Family Information

First Contact _____ Spouse _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Best number you can be reached at during this program? Home
 Cell
 Work

Job Title _____ Employer _____

Second Contact _____ Spouse _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Best number you can be reached at during this program? 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) forbidden by court order from having equal access to the child or school records? Yes
 No
Copies of custody paperwork must be submitted with this application.

Additional Information

List any chronic physical problems and history of hospitalization:

List any diseases that your child has had:

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 _____



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Transportation Permission

I give ONLY the following people permission to pick up my child from Sonzone. 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

	<u>Before School</u>	<u>After School</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

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.

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



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SonZone 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: _____

3. 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 \$45.

I/we understand that for any student withdrawals, a two week notice is required with two week tuition payments. 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 necessitate a \$25 returned check fee along with paying with cash through the office. I/We realize that failure to meet this financial agreement will result in student withdrawal.

For any additional financial questions, please send emails to 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
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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Liability Release

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.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Acknowledgment of Policies

I reviewed a copy of the Fairfield Christian Academy Sonzone Parent Handbook on Fairfield Christian Academy's website and I was provided clear and accurate information regarding all policies and guidelines of Fairfield Christian Academy. I understand the policies and guideline by which SonZone operates.

I agree to abide by all policies stated in the parent handbook. I understand that I will be notified of any changes made to these policies.

I also understand that any breach of the center's policies may be grounds for withdrawal from the program. A two week notice will be provided in such a circumstance unless the infraction is severe enough to warrant withdrawal without notice.

I further understand that failure to be prompt and accurate with payment will be grounds for withdrawal.

Parent/Guardian Signature

Date