

Registration Forms



“BUT THOSE THAT HOPE IN THE LORD” ISAIAH 40:31

Welcome to Faith Christian Academy!

1710 Government Street, Ocean Springs, MS 39564

Phone: (228) 215-1873

Fax: (228) 215-1873 | Attention: C. McKelvey

Website: <https://www.faithchristiancenteros.com/academy>

School Hours: 7:30 am – 4:30 pm

School Director: Caprice McKelvey | c.mckelvey.fcadirector@gmail.com



Faith Christian Academy

Application for Admission

2024 – 2025 Academic Year

Applying for (circle one):

PRESCHOOL (K4)

ACADEMY (Kindergarten – 12th Grade)

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Date of Birth _____ Current Age _____

On 9/1/2024, student will be _____ years & _____ months Gender (circle one): MALE FEMALE

Home Address (Street/City/State/Zip) _____

LEGAL GUARDIAN INFORMATION

LEGAL GUARDIAN #1

Last Name _____ First Name _____ Preferred Name _____

Relationship to Student _____

Occupation _____ Employer _____ Employer's Phone # _____

Home Address (Street/City/State/Zip) _____

Cell Phone # _____ Email _____

Preferred Method of Communication (circle one): PHONE CALL TEXT MESSAGE EMAIL

LEGAL GUARDIAN #2

Last Name _____ First Name _____ Preferred Name _____

Relationship to Student _____

Occupation _____ Employer _____ Employer's Phone # _____

Home Address (Street/City/State/Zip) _____

Cell Phone # _____ Email _____

Preferred Method of Communication (circle one): PHONE CALL TEXT MESSAGE EMAIL

Correspondence regarding application should be addressed to (circle one): Legal Guardian #1 Legal Guardian #2 OTHER (please provide details below)

LEGAL INFORMATION

Student lives with (check all that apply):

- _____ Father
- _____ Mother
- _____ Stepfather
- _____ Stepmother

Student parents are (check all that apply):

- _____ Married
- _____ Divorced
- _____ Separated
- _____ Father Deceased
- _____ Mother Deceased

Who has legal custody of the student? _____

Who will assume financial responsibility for the student? _____

MEDICAL INFORMATION

Provide any known allergies _____

Provide any known medical conditions _____

Provide any medications taken regularly _____

Has the student ever been referred to or received professional, psychological, or personal counseling (*circle one*)? YES NO

If yes, please describe. _____

Pediatrician/Physician _____ Phone # _____

Preferred Hospital _____ Phone # _____

EMERGENCY CONTACT/PERMISSION TO PICK UP INFORMATION

A responsible adult(s) to contact if parent/guardian cannot be reached.

#1 Full Name (*as it appears on DL*) _____ Phone # _____

Relationship to Student _____

#2 Full Name (*as it appears on DL*) _____ Phone # _____

Relationship to Student _____

#3 Full Name (*as it appears on DL*) _____ Phone # _____

Relationship to Student _____

#4 Full Name (*as it appears on DL*) _____ Phone # _____

Relationship to Student _____

CHURCH INFORMATION

Are you a member of Faith Christian Center Church (*circle one*)? YES NO

If not, what church do you attend? _____

SIBLING INFORMATION

Does the student have any siblings that are currently or have previously attended Faith Christian Academy (*circle one*): YES NO

PREVIOUS PROGRAM/SCHOOL INFORMATION

List any previous program(s)/school(s) attended and dates of attendance, beginning with the most recent:

Has the student ever attended a program/class/school for students with academic or other needs (circle one)? YES NO

If yes, please describe. _____

TUITION & FEES AGREEMENT

I understand that by applying for enrollment at Faith Christian Academy, I am committing financially to one academic year's tuition, even if I remove my student(s) from Faith Christian Academy*.

I understand the policy of Faith Christian Academy is to make no refunds on application fees or class fees.

I understand tuition is an annual amount for an academic year (August-July). For convenience, Faith Christian Academy has divided this into 12 equal payments that must be paid monthly, due on the 1st of each month. Tuition must be paid regardless of student attendance, inclement weather closings, or holidays. I understand that I will incur a late tuition fee of \$25.00 if not paid by the 10th of each month.

I understand that all returned checks or rejected payments due to insufficient funds will be charged a \$35.00 penalty and that the missed payment and penalty fee must be paid within two weeks. Repeated incidents of insufficient funds may result in cash or money order-only payments for your account for the remainder of the school year.

I understand that if my tuition account falls more than one month behind in payments, Faith Christian Academy has the right to terminate childcare/education services. Faith Christian Academy will make multiple attempts to clear past-due accounts. I understand if after three months my account is still past due, Faith Christian Academy will turn my account over to a collection agency. I will then be responsible for the past due amount and any fees or charges incurred by the collection agency.

**Unless a parent/guardian provides written notice to a member of Faith Christian Academy's Administration at least two weeks before a student's last day.*

Parent/Guardian Signature _____ Date _____

STATEMENT OF COOPERATION

I understand that by applying for enrollment at Faith Christian Academy, my student will complete the academic school year 2024-2025.

I give my permission for my student to take part in all school activities. I relinquish Faith Christian Center/Academy from liability to me or my student at school or during any school activity.

If my student needs emergency attention and I cannot be reached, I authorize Faith Christian Academy to take my student to an emergency center for treatment at my expense.

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN CONSENT FOR OVER-THE-COUNTER MEDICATIONS

I give my permission for authorized staff FCA minister or apply over-the-counter medications to my student in the event it becomes necessary. I understand that all efforts will be made to contact me for verbal permission before my child is given any medication.

Please initial for your approval:

_____ Children's acetaminophen

_____ Children's ibuprofen

_____ Allergy cream (Benadryl, etc.)

_____ Children's cold/allergy medications

_____ Petroleum Jelly

_____ Antibiotic ointment (Neosporin)

_____ Hydrocortisone

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

_____ is the parent/guardian of _____,
a minor, whose date of birth is _____.

I hereby consent to and authorize the rendering of medical care and treatment to my child in the event that such medical care and treatment becomes necessary. I agree to indemnify and hold harmless Faith Christian Academy, its staff, and Faith Christian Center Church staff from liability associated with the rendering of medical care and/or treatment to my minor child where such medical treatment becomes necessary to protect the best interest of my child. Furthermore, I agree to be responsible for the payment of the reasonable charges related to the rendering of medical care to my minor child.

I, _____, parent or legal guardian, having a date of birth of _____, authorize the disclosure of my child's personal health information to the representative from Faith Christian Academy staff in the event and to the extent that medical care and treatment become necessary while my child is attending FCA. I understand that this authorization is voluntary and is made to confirm my direction. I hereby give my permission to the following to disclose my health information to: Faith Christian Academy. The information to be disclosed to the staff in the event and to the extent that medical care or treatment of my child becomes necessary includes disclosure of his or her complete medical record, medical file including but not limited to doctors' and nurses' notes, x-ray reports, history and physicals, and all other such records of any type or nature necessary for the proper treatment of my child.

Parent/Guardian Signature _____ Date _____

CONDITIONS AND TERMS OF AGREEMENT FOR ENROLLMENT

My signature below indicates that I understand and agree to the following conditions and terms of agreement for enrollment at (FCA) Faith Christian Academy:

1. The non-refundable application fee is paid.
2. All other applicable fees are paid.
3. For students in 1st Grade and above, we will request records from students' previous school(s).
4. Faith Christian Academy reserves the right to determine the placement of the applicant in the grade level or subjects.
5. Faith Christian Academy reserves the right to complete an entry assessment (formal or informal) with any student.
6. Students are admitted for one year at a time, and Faith Christian Academy reserves the right of suspension or dismissal at any time during the school year.

Parent/Guardian Signature _____ Date _____

NOTICE OF NONDISCRIMINATORY POLICY

Faith Christian Academy admits students of any race, sex, color, national, or ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, sex, color, national, or ethnic origin in the administration of its educational policies, admission policies, and other school-administered programs.

FCA PERMISSION FOR PHOTOGRAPHY AND VIDEOGRAPHY

Types of Use	Initials	
	Grant Permission	Decline Permission
Post photos on FCA social media		
Use photos on FCA website		
Video to share with FCA parents via E-mail		
Video to use on FCA website		
Use video in FCA promotional material		
Use photos in FCA promotional print material		
Use photos on FCA yearbook/memory books		

Student's name: _____ **Date:** _____

Parent/Guardian Print Name: _____ **Signature:** _____

Form No. 121 Certificate of Immunization Compliance

Name: _____ Date of Birth: _____

Name of Parent: _____

Address: _____
Street City State Zip

Vaccine	1st MM/DD/YY	2nd MM/DD/YY	3rd MM/DD/YY	4th MM/DD/YY	5th MM/DD/YY
Pneumococcal (Childcare Only)					
Hib (Childcare Only)					
Varicella					
DTaP/DT/Td					
Polio					
MMR					
Hepatitis B					
Tdap					

- Check here if prior history of chicken pox
 Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi school or child care facility as marked below.

Please check (X) one box only

- Temporarily Compliant, 121 form EXPIRES: ____/____/____
 Record in Transit, 121 form EXPIRES: ____/____/____
 Requirements met for child care facility attendance (until K4 entrance)
 Requirements met for K4 through 6th grade attendance
 Requirements met for 7th through 12th grade attendance
 Requirements met for adult MMR

Date of serological confirmation of immunity

- *Varicella ____/____/____
 *Measles ____/____/____
 *Mumps ____/____/____
 *Rubella ____/____/____

**Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.*

 Print or Stamp Name of Facility Signature and Title of Issuing Individual _____
 or MILX Validated Month Day Year

