

FIRST CHRISTIAN ACADEMY

Please, Print using Blue or Black Ink

Student Name	Date of Birth _____ Age _____ Class / Grade: Inf. Toddler PK K Adv-K 1 2 3 4 5 6 7 8 9 10 11 12	*Sex* M F	
Student Address	City	Zip Code	
Home Ph. () -	Days in Care : M T W TH F Hours in Care : _____ to _____		
Student Social Security Number _____ - _____ - _____	Who does the student live with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> siblings # ___ <input type="checkbox"/> other :		
Mother's Name Alternate Phone () _____ DL #	Address (if different from child's) Email Address _____ Occupation		
Father's Name Alternate Phone () _____ DL#	Address (if different from child's) Email Address _____ Occupation		
In order to protect your child, FCA requires -3-contacts persons on record that you give permission to be called and pick up your child, other than a parent. Please give the name, address, and contact information of the persons to call in case of emergency if parent/guardian cannot be reached			
Name	Address	Phone	Relationship
1.		()	
2.		()	
3.		()	
WARNING: Please make sure any person you send to drop off or pick-up your child has the 4-digit code. The 4-digit code is normal the last 4-digit of Social Security Number.			

TRANSPORTATION & ELECTIVE ACTIVITIES

FCA post notices for all on-site and off-site activities 3 days before any scheduled event by memo or calendar. Parents choosing not to permit their child to participate need to send a note excluding their child from the event, the day of activity or it may be necessary the child will need to remain home during the scheduled event time.

1. Field Trips: I hereby: give do not give –my child to participate in FCA sponsored field trips
 2. Water Activities: I hereby: give do not give –my child to participate in the following Water Activities
 Sprinkler play splashing / wading pools swimming pool (grades 3-12) water table play
 3. Physical Elective Classes
I hereby: give do not give –my child to participate in physical elective type classes.
 4. Transportation: I hereby give do not give – consent for my child to be transported/ supervised by an employee or volunteer of FCA: for emergency care only on field trips other: _____
 5. Photography: I hereby: give do not give -- my permission to have my child's pictures
 used in advertisements school bulletin boards new releases
- Exceptions:

Public School Children Only:

My child attends the following school:

_____ School PH. () _____

Check all that apply:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> His / Her immunization record is on file at the school and all required immunizations are current. Vision and Hearing screening schools records are also on file for viewing | My child has permission to
<input type="checkbox"/> ride bus <input type="checkbox"/> walk to and from school
<input type="checkbox"/> and/or be released into the care of his older sibling: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Student Name _____

Date of Birth _____

Age _____

MEDICAL INFORMATION:

List all none allergies _____

Does the student have any medical issues that could affect him/her during school hours? _____

Does the student have any medical issues that could prohibit or affect him/her during PE time? _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event parent cannot be reached to make arrangements for emergency treatment/care, I authorize the person in care to take my child to:

Name of Physician: _____ Address: _____ PH#: _____

Name of Emergency Care Facility: _____ Address: _____ PH#: _____

I give consent for the facility to secure and all necessary emergency care for my child. Parent Signature _____

CHURCH INFORMATION:

FCA is a Private Christen School, not affiliated with any specific church or denomination. FCA teaches and promotes character, values and a love and trust in God. Attendance and participation in Bible Study, Memorization of Scripture and Chapel is required. To better help us meet the needs of your child please complete the following questionnaire:

Home Church _____ Denomination _____

1. What is or has been your child's experience with church? _____

2. How does your child respond to authority? _____

3. How often does your child attend church? _____

SCHOOL INFORMATION: (grades 1-12th)

Current School _____ School PH (_____) _____

Address _____ City _____ State _____ Zip _____

List any learning difficulties: _____

Do you feel your child is functioning on grade level? _____ Check areas of weakness: Math Language S.Studies Science Spelling

What specific problems did your child have in school? _____

Last Grade Completed _____ Promote to next grade? _____ Has student ever been suspended or expelled? _____ Explain _____

Language(s) spoken in home _____ Students primary language _____

Reason for seeking a private school setting? _____

Discipline and Guidance Policy for First Christian Academy *Private School Students*

The disciplinary code at First Christian Academy is based upon Biblical principles of respecting one's self, respecting the school property and respecting and honoring one another, including but not limited to –one's parent, people serving in positions of authority, and those with whom our students work and play each day.

- ❖ Discipline will be:
 - 1.) Centered around the teaching, “ sowing & reaping.....positive, as well as the negative”
 - 2.) Individualize and consistent for each student
 - 3.) Appropriate to the student's level of understanding
 - 4.) Directed towards teaching the student acceptable behavior and self control
 - 5.) Structured to teach students personal responsibility for actions-- and choices

- ❖ Teachers, Instructor's and Administration will use positive methods of discipline and guidance that encourages self-esteem, self control, and self-direction, which will include the following:
 - 1.) Using praise and encouragement of positive behavior
 - 2.) State the expectations, rules, policies using clear, positive statements verbally and in writing.
 - 3.) An age appropriate reward system is established for each classroom giving the student's tangible rewards for positive
 - 4.) Using clear and concise statements when correction is required

- ❖ Students will never receive discipline that is harsh, cruel or unusual treatment. The following types of discipline and guidance is prohibited at First Christian Academy.....
 - 1.) Corporal Punishment or threats of corporal punishment:
 - 2.) Punishment associated with food, sleep or bathroom privileges:
 - 3.) Pinching, shaking, or biting a child:
 - 4.) Hitting a child with a hand or instrument;
 - 5.) Putting anything in or on a student's a month
 - 6.) Grabbing a students in any method
 - 7.) Humiliating, ridiculing, rejecting, or yelling at a student;
 - 8.) Subjecting a student to harsh, abusive, or profane language;
 - 9.) Placing a child in a locked or dark room, bathroom, or a closet with the door closed

Demerits & Detention (3rd - 12th grade)

A “demerit” is a mark denoting a violation to a rule or policy. Three demerits earn a student detention the following morning – one hour before school. A Detention Slip is sent home the day the demerits are earned. Parents are required to sign the detention slip and have the student at school in time to serve detention the following morning. Students cannot enter Detention , after 7:00 am. Students arriving after 7:00am are sent home for the day, with an un-excused absence. A meeting with the teacher and principal is required before student can return to school. Demerits are erased at the close of each day. Students begin with a clean slate each morning. A complete chapter is given to explain Demerits and Detention in Student Handbook. Parents and students are admonished to thoroughly read the Student Handbook as a family.

Amount of Detention:	1-2 demerit	0 detention
	3 demerits	20 minutes
	4 demerits	30 minutes
	5 demerits	45 minutes
	6 demerits	60 minutes
	7 demerits	parents are called

My signature verifies I have received and read a copy of First Christian Academy's Student Handbook.

Signature _____ Date_____

Check one please: Parent Employee Teacher Caregiver of Infants / Toddlers / After School-ager

Discipline and Guidance Policy for First Christian Academy *Child Development & Daycare*

* Discipline will be:

- 1.) Individual and consistent for each child
- 2.) Appropriate to the child's level of understanding; and
- 3.) Directed towards teaching the child acceptable behavior and self-control.

* A teacher or caregiver will only use positive methods of discipline and guidance that encourage self esteem, self control, and self direction, which includes the following:

- 1.) Using praise and encouragement of good behavior
- 2.) Remind the child of behavior expectations daily by using clear, positive statements
- 3.) Sometimes redirecting a child from negative behavior to appropriate activities or behavior solves the problem
- 4.) Using separation or "time out" from group activities, when appropriate for child's age and development. "Time Out" allow the child to compose him/herself and , 1.) not hurt him/herself, 2.) understand they must use self-control, respect others and follow rules.

* First Christian Academy assures our parents, FCA will not permit a child to harsh, cruel, or unusual treatment. The following type of treatment is prohibited:

- 1.) Corporal punishment or threat of corporal punishment;
- 2.) Punishment associated with food, naps or toilet training;
- 3.) Pinching, shaking, grabbing or biting a child;
- 4.) Hitting a child with hand or object;
- 5.) Putting anything in or on a child's mouth;
- 6.) Humiliating, ridiculing, rejecting or yelling at a child;
- 7.) Subjecting a child to harsh, abusive or profane language;
- 8.) Placing a child in a locked or dark room, bathroom, or closet with door closed and
- 9.) Requiring a child to remain silent or inactive for inappropriate periods of time, depending on the age of the child's age.

My signature verifies I have received and read a copy of First Christian Academy's Student Handbook.

Signature _____ Date_____

Check one please: Parent Employee Teacher Caregiver of Infants / Toddlers / After School-ager

FIRST CHRISTIAN ACADEMY
Physician's Statement

Returning Students: Must be turned in within 15 days from birthday

New Students: Must be turned in within 5 days of start of school / attendance

Students Name _____ HM Phone (_____) _____

Birthdate _____ Age ____ School Division Infant / Toddler PreSchool Private School

List all know allergies: _____

List all known physical limitations or reoccurring illness' _____

Physician's Name _____ Phone (_____) _____

Address _____ City _____ St _____ Zip _____

Dear Physician:

First Christian Academy is a private school that complies with the Dept. of Health and Safety. According to the State of Texas guidelines all children that attend a daycare, public or private school must have a complete physical each year.

Please take a moment and complete the following questions:

Agree	Disagree	Question / Statement	Physician's Comments
		1. I have given the above child / student a complete physical and find the child/student is free from any communicable diseases that would prevent him/her from attending school/daycare.	Date of exam:
		2. I find the child student is physically able to participate in normal school activities.	
		3. I find the child/student is physically able to participate in Jr./Sr High Competitive Sports.	
		4. I have reviewed the child/students immunization record and find they are current. A copy of immunization record is attached to form	

Physician's Signature _____ Date _____

Vision	R 20/ _____	R 20/ _____	<input type="checkbox"/> Failed <input type="checkbox"/> Passed
Notes:			
Physician's Signature _____ Date _____			

Hearing	1000 Hz	2000 Hz	4000 Hz	Score
Right				<input type="checkbox"/> Failed <input type="checkbox"/> Passed
Left				<input type="checkbox"/> Failed <input type="checkbox"/> Passed
Notes:				
Physician's Signature _____ Date _____				

Parent: Physicians Statement and Immunization Record may be hand delivered, mailed to 10950 Highland Meadow Vlg. , Houston, TX 77089 or faxed to 877-624-0141

Student Name _____

INTERNATIONAL STUDENT CONTRACT

Please read thoroughly and sign if in agreement a copy will be given before I-20 is issued

ANTICIPATED START

Summer Fall (August) Spring (January) Other: date _____

Start date can be immediate or postponed until start of year or semester. The important issue is to list disclose the anticipated start date from the beginning. First Christian Academy focus's on meeting the individual needs of each student academically, socially as well as spiritually. FCA allots 10-28 openings for International Students. Each year, classes are assigned and grouped based on student profiles and teachers experience and abilities. A classroom enrollment size will never exceed 14 students per teacher. Failure to pay fees by stated deadline will free space for another International Student.

COMMUNICATION

The staff of FCA strive to provide sound communication between school – student – host parent. Host parent(s) are expected to participate as if they are the biological parents: Parent Orientation, Parent Teacher Meetings and Communication from Office or Teachers.

Due to language barriers it is wise to communicate in person or by email. Below are the email address to better serve you and your family:

Principal	Mrs. Diane Duvall	principal@firstchristianacademy.org
Accounting	Mrs. Rebecca Swanburg	accounting@firstchristianacademy.org
Admission-General Information	Mrs. Linda Nelson	office@firstchristianacademy.org
Classroom Teachers	All teachers (PK-12 th)	teachers@firstchristianacademy.org

Emails received during school hours will be returned within a 24hr period.

FINANCIAL AGREEMENT

There are three semesters each year: Fall (August-December) , Spring (January-May) and Summer (June & July) . Due to Spring, and Summer the first year. Returning students are subject to the same Summer Session Guidelines as American students (see Student Handbook). Natural and Host families need to understand and agree to be financially responsible for the time-- regardless of days in attendance.

Below is an overview of fees that will be incurred. SEVIS (known as The Embassy) requires school check in and submit proof of financial responsibility with specific deadlines. Please pay close attention to guidelines, policies and deadline.

<u>Fees</u>	<u>Amount</u>	<u>Details</u>
Application Fee	\$ 50.00	payable when Application is turned in
Transcript Evaluation	\$ 250.00	payable when Transcript(s) are turned in for evaluation
Monthly Tuition	\$ 590.00	payable each month on or before the 1 st day
Testing Fee	\$ 100.00	payable when Testing is scheduled
Course Material	\$ 200.00	payable per semester : Fall, Spring, Summer
Late Fees	\$ 5.00	per day / after the 1 st of month
Drop In Extended Care	\$ 5.00	per 15mins.

- a) Payment are paid by Bank Debit Card, Bank Wire or Bank Cashiers Check
- b) All paid fees are non-refundable. Tuition is due on or before the 1st day of each month, regardless weekends or holidays.
- c) Additional fees such as uniforms, graduation, meals, Student Convention, student fines are determined on an individual bases.
- d) Application Fee and Transcript Evaluation are a one-time fee. Registration fee is required each year. Returning students may take advantage of the Pre-Registration discount if registered by January 31.
- e) FCA has (2) main Fund Raisers each year. All students are required to participate and earn \$75.00 per fund raiser. Parents unwilling to participate may take advantage of the Buy-out Clause of \$75.00 per event.

- f) Credit Cards are not a method of payment used by FCA. Although, we understand parents may need this option from time to time. Special Arrangements can be made IF parent is willing to cover the 3% charge. See office for information.

POLICIES & GUIDELINES

- a) International Students must have a local family, called a host Parent. The Host Parent is responsible for the training and parenting of the International Student. The Host Parent is expected to provide a Christian Home for the youth with love and discipline.
- b) First Christian Academy operates within the guidelines set forth in the Student Handbook. The Student Handbook is revised yearly. It is imperative Host Parents assume the responsibility to teach and instruct International student the policies and procedures set forth. This includes academics, attendances, character and specific policies such as dress code.
- c) International students are not permitted to drive a vehicle the 1st year in the US.
- d) FCA is an English speaking school. Therefore, students are REQUIRED to speak English any and all times, on campus or school functions. This includes speaking to Host Parents, students, and teachers. Electronic Translators are strongly encouraged.
- e) FCA is a Christian school that requires our students to have strong character and values. FCA does not tolerate rudeness and or disrespect from students to staff, students or parents.
- f) FCA students are expected to give their best academically, as well as spiritually. Cooperation and participation is expected in all areas of school. Example: academic time, unit studies, chapel, PE, etc.....
- g) International students are expected to support and following all policies and guidelines in the Student Handbook.
- h) International students are required to have a local physician, adhere to the immunization policy, and have yearly physicals.
- i) The above guidelines are not meant to be inclusive. Please refer to the Student Handbook for a complete understanding of policies and procedures.
- j) Notes:

Host Parent Signature

Print Name

Date

Student will be expected to sign before Diagnostic Testing is administered.

Student Signature

Print Name

Date

Applicants Name _____ Initial Date _____

New International Student Checklist

Description	Date	X	Notes:
1. Host Parent(s) meet with Principal to discuss enrollment, Financial Responsibilities and general school policies.			
2. Read thoroughly FCA Student Handbook			
3. Complete Student Application Packet			
4. Provide a copy of Academic Transcript in English for review and placement			
5. (2) Letters of Recommendation : Host Parent and Prior teacher or pastor			
6. Pay Fees: Application \$50 and Transcript Evaluation \$ 250			
7. I-20 Issued after #1-6 is completed. * Pick up I-20 and mail to student in homeland			
8. Schedule Embassy Meeting. Call in with date of scheduled meeting within 10days.			
9. Pay Registration Fee \$ 2,000 within 5 days of Embassy approval			
10. Student & Host Parents with Administration within 5 days of student arriving in US and set date for Diagnostic Test. Pay Diagnostic Test Fee \$100 , Curriculum Fee \$200 and 1 st months Tuition (if applicable)			
11. Copy of “stamped” I-20			
12. Copy of I- 94			
13. Purchase School Uniforms and Supplies			
14. Student Complete Diagnostic Test			
15. Meet with Teacher to discuss result of Diagnostic Test			

Additional Notes: