

# Front Royal Christian School



## Enrollment Application for the 2018-2019 School Year

**STUDENT INFORMATION:** (Please list the names of students from oldest to youngest)

Full Name(s) LAST, FIRST, MIDDLE	Date of Birth	Gender (M/F)	School Last Attended	Grade Requested	Student Email Address	Student Cell Phone #
1.						
2.						
3.						
4.						

We were referred by: \_\_\_\_\_

**FAMILY INFORMATION:**

Please  Primary Phone # to use:

Family Mailing Address	Home Telephone <input type="checkbox"/>
Father's/Guardian's Name (Living in home)	Father's Cell Phone # <input type="checkbox"/>
Father's Email address	Do you wish to receive text messages from FRCS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed by _____ Position/Title _____	Father's Work Phone <input type="checkbox"/>
Employer's Address	If Self-employed, Type of Business _____
Mother's/Guardian's Name (Living in home)	Mother's Cell Phone # <input type="checkbox"/>
Mother's Email address	Do you wish to receive text messages from FRCS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed by _____ Position/Title _____	Work Phone <input type="checkbox"/>
Employer's Address	Church Attending _____
Father's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Single Mother's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Single	
Who has legal custody of the child(ren)? _____ Who has primary physical custody of the child(ren)? _____ Contact information of parent not living with child: Name: _____ Address: _____ Phone: _____ Do you wish this parent to receive report cards and other school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate all that apply: <b>PRE-SCHOOL STUDENTS:</b> Indicate the times you are enrolling your child to attend. <input type="checkbox"/> Full Time (anytime between 7am & 6pm) OR <input type="checkbox"/> 8 am – 3 pm	
<b>GRADE SCHOOL STUDENTS:</b> I will need <i>Before Care</i> for my grade school student: <input type="checkbox"/> Yes <input type="checkbox"/> No I will need to use <i>After Care</i> for my grade school student: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**MEDICAL INFORMATION:**

LIST ALL STUDENT'S ALLERGIES AND MEDICAL CONDITIONS:

In case of an allergic emergency (if allergies are listed), what specific action do we take?

IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED, I give permission for my child(ren) to be treated by a doctor or emergency personnel:

Yes  NO Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANY SPECIAL PHYSICAL NEEDS OR LIMITATIONS:**

Date of last tetanus shot (please list student name and date)

**EMERGENCY CONTACT INFORMATION (2 contacts required other than parents):**

Name:	Phone #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work ( )
Address:	Relationship to Student:
Name:	Phone #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work ( )
Address:	Relationship to Student:
Physician's Name:	Physician's Phone Number: ( )
Physician's Office Mailing Address:	

Does your child wear (List student name): \_\_\_\_\_ glasses? \_\_\_\_\_ contacts? \_\_\_\_\_ braces/retainers? \_\_\_\_\_ hearing aids? \_\_\_\_\_

**Medications needed to be administered during the school day** (please list student name and medication – Medication Authorization Form *MUST* be filled out):

I give permission for school personnel to give my child the following medications when needed: Tylenol Motrin Pepto Bismal Benadryl Allergy

If your child frequently needs over the counter medication, such as Tylenol, you will need to provide that medication in the original package along with a medication authorization form. Parent/Guardian Initial Here: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST ALL PERSONS PERMITTED TO PICK UP STUDENTS:**

Name _____	Relationship _____	Name _____	Relationship _____
Name _____	Relationship _____	Name _____	Relationship _____
Name _____	Relationship _____	Name _____	Relationship _____
Name _____	Relationship _____	Name _____	Relationship _____

**GRANDPARENT INFORMATION:**

Full Name(s) of Maternal Grandparents: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name(s) of Paternal Grandparents: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCAL FIELD TRIP INFORMATION:** (For the 2018-2019 school year within the county)

I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
Parent's Name Student(s) Names

to accompany Front Royal Christian School to any local setting for a field trip. I give my permission for my child to receive any emergency medical attention that might be necessary. I understand that I am responsible for any medical expenses that are not covered by my insurance in emergency situations. I also understand that if I have no insurance (self-pay), that I am fully responsible for any medical expenses in emergency situations. I agree to pay for any and all field trip expenses of \$15 or less. If the cost is more than \$15, I understand that I will be notified and billed for any additional field trip expense.

My child's insurance company is \_\_\_\_\_ Policy Number \_\_\_\_\_

**PUBLICATION/PHOTO RELEASE:**

Permission is given to the school to photograph \_\_\_\_\_, to publish their pictures and names via the  
Student(s) Names

newspaper, yearbook, FRCS website, or other related publications, with the exception of the FRCS yearbook, **you may opt out of any use of your child's image over which we have control you must sign and date below.**

I GIVE MY APPROVAL for using my child's image for publications, etc. over which FRCS has control.

I DO NOT GIVE MY APPROVAL for using my child's image for publications, etc. over which FRCS has control, with the exception of the school yearbook.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## 2018 TUITION RATES

2018-19	Grades 9-12	Grades 6-8	Grades 1-5	Kindergarten	Preschool 5 Days 7AM-6PM	Preschool 5 Days 8AM-3PM
<b>Tuition</b>	\$7375	\$6975	\$6590	\$5675	\$5625	\$5050
<b>Registration</b>	\$200	\$200	\$200	\$200	\$125	\$125
<b>Books (Due July 1)</b>	\$425	\$385	\$325	\$200	\$125	\$125
<b>Additional fees based on participation:</b> Before School Care: beginning at 7 AM for \$80 per month After School Care: until 6 PM for \$125 per month Sports Fee: A \$100 annual sports fee (covers all sports student participates in for the school year) Drama: \$25 fee for the spring production Specialized Learning Services: Additional fees apply						

**BOOK FEES:** Book fees are due by July 1. Book fees paid late, from July 2 to July 15, will be assessed a \$50 expedited shipping fee. If book fees are not received by July 15, the student will be considered unenrolled.

### **SIBLING DISCOUNT:**

Families with two or more children enrolled preschool-12<sup>th</sup> grade will receive a tuition discount for each child as follows:  
 2nd Child-10% Discount      3rd Child 15% Discount

### **PAYMENT OPTIONS:**

Tuition is an annual commitment. Families must decide to either make payment in full by August 1, or to pay tuition over a 10 month period from August through May. Tuition prices remain the same whether they are paid in full or paid through installments. Account balances are due by the 1st of the month unless a different date is agreed upon, beginning AUGUST 1, 2018, and the last payment due by MAY 1, 2019.

### **ALL PAYMENTS MUST BE MADE THROUGH FACTS TUITION MANAGEMENT PROGRAM (FACTS).**

INITIAL HERE \_\_\_\_\_

FACTS offers two payment methods for your convenience. The first includes an automatic withdraw from either your checking or savings account. The second method includes having the monthly fee charged to a credit card (Visa, MasterCard, Discover, American Express). A convenience fee is added to all credit card payments. There is a \$35 late fee for payments not received by the agreed upon due date of each month. There is a service charge of \$45 per family to enroll in FACTS monthly billing.

**TUITION AID:** The purpose of tuition aid is to make an education at FRCS available to more families by providing a reduced rate based on each family's personal financial situation and allocated funds. Completed applications are due by June 1. The FRCS financial office will contact you with results by July 1. Please apply early. Fact Grant & Aid Phone: 1-866-412-4637 Fax: 1-866-315-9264

**Tuition Aid Application Process-** visit [www.factstuitionaid.com](http://www.factstuitionaid.com). You will need the following:

- 1) Completed 2017 Federal Tax Return including all supporting tax schedules
- 2) 2017 W-2 forms for all individuals listed on the tax return
- 3) Documentation for social security income and child support

We certify that all the information on this application is correct and complete. We have disclosed all information to the administration of FRCS that could be considered pertinent or helpful to our child's education and formation. We have read and agree to abide by the policies of FRCS, including the tuition policies, and will make full payment for services received.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Front Royal Christian School will admit students of any race, color, religion and ethnic origin to all the rights, privileges, programs and activities made available to students at the school.*