



## Foothills Christian Academy Registration

Preschool / Kindergarten / Grades 1-12

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Please list the school last attended or presently attending: \_\_\_\_\_

Briefly Describe Your Child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent / Guardian Information

Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Information / Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Health Summary

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parents /Guardian: \_\_\_\_\_  
 Address (City, State,Zip): \_\_\_\_\_  
 Home Number: \_\_\_\_\_ CellNumber: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Emergency Medical Authorization

Preferred Physician / Phone: \_\_\_\_\_  
 Preferred Dentist / Phone: \_\_\_\_\_  
 Preferred Hospital / Phone: \_\_\_\_\_  
 Insurance Information / Policy Number: \_\_\_\_\_

List two people who will assume medical responsibility for your child in the event that you cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pertinent Medical Information

Does this child have any allergies? \_\_\_\_\_

Is this child on any medications? If so, please explain \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

Is this child on a modified diet? \_\_\_\_\_

What is the status of this child's Vision, Hearing & Speech? \_\_\_\_\_

Please list any other important health information about this child: \_\_\_\_\_

Do we have permission to give Tylenol / Ibuprofen to your child if needed? \_\_\_\_\_

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



## Personal Testimony

Do you have a relationship with Jesus Christ? If so, please share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child attend a youth group? \_\_\_\_\_ Where? \_\_\_\_\_

## Volunteering

**FCA is excited to have dedicated parent & family volunteers that serve in numerous functions throughout the school year. Please join us and help serve your child's school in the following ways:**

Reading to the younger students: Yes\_\_\_\_\_ No\_\_\_\_\_

Joining the FCA Fundraising Committee: Yes\_\_\_\_\_ No\_\_\_\_\_

Helping in Classroom: Yes\_\_\_\_\_ No\_\_\_\_\_

Volunteering at Events: Yes\_\_\_\_\_ No\_\_\_\_\_

Maintenance / Repair Project Days: Yes\_\_\_\_\_ No\_\_\_\_\_

Lunch & Recess Supervision: Yes\_\_\_\_\_ No\_\_\_\_\_

Deep Clean Days: Yes\_\_\_\_\_ No\_\_\_\_\_

***Every volunteer is required to complete a full background check before any volunteer time occurs.***



## Student Transportation

Please advise how your child is going to get to and from Foothills Christian Academy:

PRB Bus transportation: \_\_\_\_\_

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

Carpool: \_\_\_\_\_ (Please list who your child can ride with to and from school.)

\_\_\_\_\_

Other - Please explain: \_\_\_\_\_

\_\_\_\_\_

If your travel arrangements change, you must contact the FCA office promptly the day of the arrangements.

I, \_\_\_\_\_ (parent or legal guardian) of \_\_\_\_\_ hereby give my permission and consent for my child to be picked up from Foothills Christian Academy by the person(s) listed below:

Permission Granted to:	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is our policy to request a photo ID for anyone unfamiliar to us. Please inform the person on your pick-up list to bring their photo ID.

### FCA Inclement Weather Policy:

Foothills Christian Academy will close school / start late / dismiss early in line with official adverse weather announcements made by the Pine River-Backus School District on local TV or Radio. (106.7, 104.3, 102.7) Families are responsible to make appropriate transportation arrangements for their children on these days.

### FCA School Calendar

FCA will endeavor to generally follow the school district calendar. However, there may be some days that FCA schedules school that PRB does not and vice versa. Families are responsible to make appropriate transportation arrangements for their children on these days. See the FCA school calendar and other FCA announcements for this schedule information.



## Foothills Christian Academy Contract

Please read and initial the following:

\_\_\_ I agree to support the teachers in an effort to educate this child.

\_\_\_ I agree to attend my home church and Sunday school with this child as often as possible.

\_\_\_ I agree to pay the registration and curriculum fees prior to the start of the school year.

\_\_\_ I agree to pay all tuition fees on behalf of my child on a timely basis as they become due.

\_\_\_ I agree to send a bag lunch with my child every day to school as I am aware FCA does not currently serve hot lunches.

\_\_\_ I hereby give Foothills Christian Academy staff permission to act in an emergency situation when any parents/guardians cannot be reached, or are delayed in arriving. I further understand that any cost incurred are my financial responsibility.

\_\_\_ I authorize Foothills Christian Academy to use my child's picture in connection with publicizing the school in newspaper, brochures, school website, social media, and any other media outlet.

**Registration Fee Per Student: \$50.00** (\$150.00 Family Cap)

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**Curriculum Fee: \$250 each student due at time of Registration**

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

***Your student's registration is not complete and/or final until both fees are paid in full.***

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Accepted By: Staff Name & Signature \_\_\_\_\_

*Foothills Christian Academy admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded and made available to students at the school. Foothills Christian Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*



## Student Records Request and Release Form

Please fill out this form and send it to the school your child attends / attended previous to FCA.

Student: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Current School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested By:

Foothills Christian Academy / Admissions  
PO Box 21 Backus, MN 56435  
218-947-3206

Please send all that apply:

- Attendance Records
- Achievement Test results
- Records of Academic Progress (2 most recent years)
- Achievement Test Results
- Speech Evaluation Records
- Educational Diagnostic Evaluations
- Psychological Evaluations
- Immunization/Medical Records
- ARD/IEP/Special Documentation

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

do hereby give permission for the institution indicated above to send a copy of my child's records to Foothills Christian Academy.

Thank you for sending the requested records as soon as possible to the following address:  
Foothills Christian Academy PO Box 21 Backus, MN 56435

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tuition Costs & Payment Options

210 First Avenue East PO BOX 21 Backus, MN 56435 / Phone-Fax 218-947-3206  
Website: [www.foothillschristianacademy.com](http://www.foothillschristianacademy.com) / Email: [foothillschristianacademy@gmail.com](mailto:foothillschristianacademy@gmail.com)





### **Option A: TUITION PAYMENT IN FULL**

#### Preschool - 12th Grade

One Child - \$3000

2nd Child - \$2500 (tuition for 2nd Child)

3rd Child or more \$2000 (tuition for 3rd Child and so on)

**Registration Fee - \$50 per Child / \$150 Family Cap**

**Curriculum Fee - \$250 each student due at the time of Registration**

### **Option B: TUITION MONTHLY PAYMENTS**

#### Preschool - 12th Grade

One Child - \$3000

2nd Child - \$2500 (tuition for 2nd Child)

3rd Child or more \$2000 (tuition for 3rd Child and so on)

**Registration Fee - \$50 per Child / \$150 Family Cap**

**Curriculum Fee \$250 each student due at the time of Registration**

9 or 11 monthly payments due during the first week of each month.

### **Option C: ADOPT A STUDENT PROGRAM**

The "Adopt A Student" Program offers friends and family the opportunity to sponsor your child.

We encourage you to prayerfully send these brochures out to your friends, family and church

family members to seek funding for your child's Christian education.

**Registration Fee - \$50 per Child / \$150 Family Cap**

**Curriculum Fee \$250 each student due at the time of Registration**

(These fees are still mandatory for option C planning)



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