

**Family Life Academy
Enrollment Application
2017-2018**

***Allergies:** 1. _____ 2. _____ 3; _____
(We will ask for more details in the student emergency forms)

Circle Grade:

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th grade 8th grade

Child's Full Name: _____ **Date of Birth:** _____
(Last Name) (First Name) (Middle Initial)

Child's Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Sex:** ___ Male ___ Female **Child's Social Security #:** _____

Enrolling Parent/Guardian: _____ **Relationship with child:** _____
(Last Name) (First Name) (Middle Initial)

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone/Pager:** _____ **Email Address:** _____

Employer: _____ **Work Phone:** _____ **Ext.** _____

Work Address: _____ **City/State/Zip:** _____

Parent/Guardian: _____ **Relationship with child:** _____
(Last Name) (First Name) (Middle Initial)

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone/Pager:** _____ **Email Address:** _____

Employer: _____ **Work Phone:** _____ **Ext.** _____

Work Address: _____ **City/State/Zip:** _____

Child lives with: Both Parents Mother Father Other: _____

Names of Registered Siblings: _____

***** Please see reverse side *****

2017-2018
Tuition Agreement

Family Life Academy is a non-profit school; however, we have financial responsibilities that must be met throughout the school year. The intent of our tuition agreement is to ensure that we are able to continue to meet those obligations without incurring additional charges. Prompt payment of fees and tuition helps to keep our tuition costs down.

Please make checks payable to Family Life Academy or FLA and write your child's name on the check to ensure that your account is properly credited. Payments may be mailed in or placed in the drop box located in the school office. When paying with cash, please bring it to the school office to obtain a receipt. In case of any discrepancies, accounts will only be credited if cash receipts are presented. When mailing tuition, please allow 7 business days for delivery.

Please initial and sign below:

_____ I agree to pay a **one time (when first registering)**, non-refundable family **Application Fee of \$75**.

_____ We are an active-duty military family – \$75 Application fee will be waived.

_____ I agree to pay my tuition in ten equal monthly installments which are **due on the first of each month**.

_____ I understand that payments will be considered past due on the 15th of each month and will incur a **late fee of 10%** of the outstanding balance.

Media Release

I grant permission to Family Life Academy and Christ Community Church to use my child's photograph or video on our website and/or other generated publications.

I hereby waive any right to inspect or approve the finished photograph, video, printed or electronic matter that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Family Life Academy and CCC from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse.

Please initial:

_____ I am the parent or legal guardian of _____. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature

Date