

MISSION STATEMENT

The mission of Fellowship Christian Academy is to provide a quality education in a nurturing Christian environment that enables children to reach their highest academic potential and apply a Biblical worldview to every area of life.



2012-2013 Re-Enrollment Forms

PHILOSOPHY

The FCA philosophy supports channeling energies to promote high academic standards while helping students develop skills in creative and critical thinking and problem solving while providing the best integrated curriculum available. The ultimate goal of our entrance to any accredited high school college preparatory program.

November 2011

Dear FCA Family,

We are excited about the opportunity to re-enroll your child at FCA! School began just a few months back and while we are fully engaged with the current school year, the necessary plans are already underway for the upcoming 2012-2013 academic year for all preschool through grade 8 students. This year the re-enrollment procedure will take place on-line and via e-mail. In an effort to ensure a seamless re-enrollment transition, we ask for your cooperation in submitting the enclosed essential forms.

The re-enrollment procedures are as follows:

1. The forms are to be submitted electronically via e-mail by clicking on the submit button of the on-line PDF re-enrollment form. For your convenience, we have attached a Re-Enrollment Checklist.
2. The re-enrollment form is then sent to the Enrollment Office.
3. Once the Enrollment Office receives the PDF re-enrollment packet, the parent will be contacted to schedule and complete a Parent Finance Meeting. All Parent Finance Meetings must be completed by Friday, March 30, 2012 to be eligible to receive the early registration discount.
 - a. If a parent fills out the paper based forms rather than an on-line PDF form, a calendar schedule is available for you to sign up for your appointment at the front office.
4. At the Parent Finance Meeting parents will do the following:
 - a. Update & sign your child's Student Profile/Emergency Contacts
 - b. Submit payment in full for all fees in the form of a money order or cashier's check. (*No personal checks or cash*).

We will continue to observe the re-enrollment procedures and facilitate any changes that are deemed appropriate. If you have any questions regarding the enrollment process, please call the Office of Enrollment at 214-672-9200 ext. 4176. Committing to FCA early will assist us in ensuring that vital operational decisions can be made well ahead of the 2012-2013 school year.

Please be aware of the following dates/items:

- ❖ Early Enrollment for **new and returning families** will run through **Friday, March 30, 2012**.
- ❖ All **new and returning families must schedule and complete a Parent Finance Meeting by Friday, March 30, 2012** to receive early registration discount and confirm enrollment for 2012-2013 academic year.
- ❖ **Preschool Summer School Program** will begin on **Monday, June 4, 2012**.
- ❖ Meet the Teacher Night for the 2012-2013 school year will be held Thursday, August 9, 2012.
 - Preschool parents will meet at 6:00 P.M.
 - K-8 parents will meet at 7:00 P.M.
- ❖ The **first day of school** for 2012-2013 for **all** students (Preschool through 8th grade) will be **Monday, August 20, 2012**.

In Christ,

Janet Santana
Director of Enrollment

JS:js



College Preparatory
1808 W. Camp Wisdom Rd. Dallas, TX 75232
(214) 672-9200 tel. (214) 672-9201 fax www.fcasoars.org

All items listed below are required in order to re-enroll for the 2012-2013 academic school year. Once the re-enrollment packet has been completed on-line, parent must press the submit button. After the re-enrollment packet is submitted, parents will receive a phone call to set-up a Parent Finance Meeting.

Finance appointments cannot be scheduled unless a re-enrollment packet has been submitted.

Incomplete packets will not be accepted.

Re-Enrollment Checklist
(Please check each item on the checklist).

- Parent, Student, Teacher Contract
- Photography Release Form
- Internet Use Agreement
- Field Trip Permission Form
- Parent Consent and Release
- Permission for Emergency Healthcare/Activities Form
- Medical Information Form (**Preschool Only**)
 - **Note:** A preschool parent whose child's **Medical Information Form** has expired from the time it was originally submitted (this is a yearly update) will need to submit an updated form as requested. All information must be submitted to the front office.
- _____ I have read the Enrollment Notice. (Information below)
Signature of Parent or Guardian
- _____ I have read the Parent Financial Agreement and sample
Signature of Parent or Guardian Memorandum of Understanding
 - **Note:** This form must be signed by appointment with the Finance Department. Appointments will be scheduled after the re-enrollment packet has been received via e-mail. (Information below).
- 2012-2013 Update Form – FCA Student Profile
 - Will be provided to parents at the Parent Finance Meeting
 - Parent is to review school print-out with family & emergency contact information and make revision as needed, sign and date. Profile must be left at the school.
- The Parent Finance Meeting has been scheduled for _____ at _____ A.M / P.M.
 - **Note:** Appointment will be scheduled after the re-enrollment packet has been received via e-mail. Children will not be enrolled without this mandatory meeting.

Signature of Parent or Guardian

Date

PARENT, STUDENT AND TEACHER CONTRACT

Fellowship Christian Academy administrators, teachers, and support staff are committed to providing each student with an education of excellence in all aspects of development spiritually, academically, physically, and emotionally. We join with parents and students in pursuit of optimal success in each student's educational program. To assure that we are committed to an inclusive, collaborative involvement in each student's educational and spiritual growth, it is necessary for each of us to read and sign the entrance contract, acknowledging that we are in agreement with its terms.

As an educational partner for _____, I agree with and will support the following: *(Student's Name) PLEASE PRINT*

PARENT

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) According to attendance guidelines, students must attend school everyday unless ill; therefore, I agree to send my child to school every day, on time and prepared to work, acknowledging that consistent attendance is directly related to the academic and spiritual success of my child. I will adhere to the rules relative to tardiness and its consequences.
- (3) I am aware of the school rules and I will support and reinforce them. I will ensure that my child abides by the rules. These rules include:
 - To wear the correct school uniform daily, realizing that he/she will be sent home immediately to change if in violation of the dress code.
 - To adhere to all rules of discipline, realizing that he/she will suffer the consequences according to school policy if any of the rules are broken or violated. Certain violations can result in immediate expulsion. (Note specific rules of discipline in the school handbook.)
 - To treat fellow students, staff, administrators and parents with respect. Verbal and/or physical abuse of any type will not be tolerated.
- (4) To promote good discipline and high standards regarding homework, I will require responsible homework habits for my child by providing a specific time, materials, and a quiet place for completion of homework assignments. I further agree to constantly monitor homework assignments and see that it is completed and submitted to the teacher at the required time it is due. I also agree to communicate with the teacher regarding any concerns that my child or I may have about the homework.
- (5) I will communicate frequently with my child's teacher regarding progress, concerns, questions, etc., and I will attend at least one parent-teacher conference and all other conferences if possible.
- (6) I will join Parent Teacher Fellowship (PTF) and/or attend at least two meetings per year; I will attend more, if possible.
- (7) I will assist the classroom teacher as a volunteer by working in the room for a minimum of 4 hours per year, serving as a room parent for class activities, or attending field trips; if working and unable to volunteer during school hours, I will provide comparable service through donations for needed materials, classroom activities, etc.

STUDENT

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) I will complete all homework assignments and submit them during the required timeframe.
- (3) I will always put forth my best effort in pursuit of academic excellence and spiritual growth.
- (4) I will obey all school rules and remain positive and respectful of others to include teachers, classmates, and parents.
- (5) I will represent FCA with a responsible, caring Christian spirit at school, on field trips, at competitive events and at all other activities both on campus and off campus, exemplifying the standards and expectations of students at FCA.

PARENT, STUDENT TEACHER CONTRACT (CONTINUED)

TEACHER

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) I will provide a quality curriculum that will mirror current best teaching practices.
- (3) I will provide quality instructional strategies, materials, and activities to meet the individual needs of your child.
- (4) I will provide a nurturing, caring environment and strive to exemplify Christian principles at all times as we foster academic, spiritual, emotional, and physical growth.
- (5) I will communicate openly with students and parents regarding their educational progress, successes, and challenges.
- (6) I will provide extra tutoring, a minimum of two hours weekly when needed.
- (7) I will work closely with parents through conferences, volunteer work, field trips, parties, etc.
- (8) I will attend a minimum of three Parent Teacher Fellowship (PTF) meetings yearly.

Signature of Parent or Guardian

Date

Signature of Student (Preschooler signature not required)

Date

(Student's Name) PLEASE PRINT

PHOTOGRAPHY RELEASE FORM

Dear Parent or Guardian,

Throughout the school year, Fellowship Christian Academy (FCA) includes photographs of individual students or student group activities in its promotional and informational publications, on the Oak Cliff Bible Fellowship (OCBF) and/or FCA website, and occasionally in video presentations. We may also work with area newspapers and television stations on news and feature stories of interest. These media outlets may photograph or videotape students involved in school-related activities. Occasionally other entities, such as the Chamber of Commerce or other local, state and national organizations, may contact us and ask for pictures to use in various formats.

For valuable consideration received, you hereby irrevocably grant to Oak Cliff Bible Fellowship and its affiliates (Project Turn Around, The Urban Alternative, and Fellowship Christian Academy) perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of your child as a result of his/her participation in approved activities at OCBF and affiliates solely for the purposes of Oak Cliff Bible Fellowship and affiliates' promotional materials and publication, and waive any rights of compensation or ownership thereto.

In an effort to respect parent and guardian wishes regarding the use of your child's photo, **we ask that you read the photo release form below, indicate your preference (mark & initial), and sign and return this document.**

_____ Yes, I understand that, on occasion, photographs may be taken of my child while involved in school or extracurricular activities at Fellowship Christian Academy.

- Yes, I hereby consent to and grant permission for the below-referenced child to be photographed and/or videotaped at Fellowship Christian Academy a ministry of Oak Cliff Bible Fellowship, Dallas, Texas. I understand that photos may be used, reproduced, and/or published (i.e., newspapers, catalogs, magazines, video, website, text panels, displays, or other publications) for the promotion of Fellowship Christian Academy. Photos may also be used for educational or informational purposes regarding the programs or curriculum at Fellowship Christian Academy School, including use for instruction, promotion, advertising, and public relations with or without reference to said student's name. **Photos will not be sold or reproduced for sale in any form.**
- Yes, I hereby agree that I will not bring or consent to others bringing claim or action against Oak Cliff Bible Fellowship and affiliates on the grounds that anything contained on the property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Oak Cliff Bible Fellowship and affiliates, its directors, officers, successors, and designated personnel from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against OCBF and affiliates in connection with the property.

_____ No, I **DO NOT** want photographs taken of my child for public relations purposes.

I hereby certify that I am the legal parent or guardian for the below-referenced child/children.

Child's Name

2012-2013 Grade

Signature of Parent or Guardian

Date



INTERNET USE AGREEMENT

- I understand that Internet access is designed for educational purposes and that the school will attempt to discourage access to objectionable material and communications that are intended to exploit, harass, or abuse students. However, I recognize it is impossible for Fellowship Christian Academy to restrict access to all objectionable material, and I will not hold Fellowship Christian Academy responsible for materials acquired or contacts made on the Internet.
- I understand that a variety of inappropriate and offensive materials are available over the Internet and that it may be possible for my child to access these materials if he/she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the school to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the staff to monitor any communications to or from my child on the Internet, I recognize that it is not possible for the school to monitor all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risks.
- I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of access and possible disciplinary action.
- I have reviewed these responsibilities with my child, and I hereby grant permission to the school to provide Internet access.

YES, as the parent or guardian of _____, I have read the Internet Use Agreement. I understand that access to the Internet is designed for educational purposes only. However, I also recognize it is impossible for Fellowship Christian Academy to restrict access to all controversial materials, and I would not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Signature of Parent or Guardian

Date

Print Name

NO, as the parent or guardian of _____, I do not want my student to have access to the Internet.

Signature of Parent or Guardian

Date

Print Name



FIELD TRIP – PERMISSION SLIP

Field Trips have been planned for the entire 2012-2013 academic school year. The method of transportation will be by school or county vans/buses. Students will leave the school property after 8:30 a.m. with their classmates and teacher, and return on or before 2:30 p.m. the same day, unless otherwise notified.

Parents will be notified one week prior to any scheduled field trip. Reminder notices will be sent home the day before the trip with specific instructions for lunch procedures, dress and/or fees.

_____ has permission to go on all school sponsored
(Child's Name)
field trips during the 2012-2013 academic school years.

I/We, the parents of the above named student, in consideration of the Fellowship Christian Academy Board agreeing to take my/our child on said school-sponsored field trips, hereby give my/our approval to his/her participation. **I/We** assume all risks and hazards incidental to such participation. **I/We** do hereby waive, release, absolve, indemnify and agree to hold harmless Fellowship Christian Academy, its employees, organizers, sponsors, supervisors, administrators, participants, and persons transporting my/our child to and from such field trips, from any claim arising out of an injury to my/our child, and claimed to be caused in whole or in part by any negligence or negligent act or omission by Fellowship Christian Academy or the classes or persons above named.

I/We understand that normal disciplinary and safety procedures will be followed from the time of departure from the school until the time of arrival back at the school.

In the event accident, injury, or illness necessitates medical attention, FCA staff is specifically authorized to obtain medical attention as their judgment shall determine necessary.

Signed this _____ day of _____, 20_____

Signature of Parent or Guardian

Date



PARENT, AUTHORIZATION, CONSENT, & RELEASE

(PLEASE PRINT CLEARLY)

I, _____, am the parent or legal guardian of
(Parent/Guardian's Name)

_____, who was born on _____
(Child's Name) (Child's Birth Date)

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Fellowship Christian Academy, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. *physical activities, both indoors and outdoors*
2. *sports, both informal and organized*
3. *use of recreational equipment*
4. *field trips, both on and off campus*
5. *travel by automobile*
6. *activities around water, including swimming and boating*
7. *hiking and camping*

I acknowledge and understand that Fellowship Christian Academy may offer other activities not listed above that present similar risks and dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT, AND RELEASE have the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risks in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Fellowship Christian Academy's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Fellowship Christian Academy from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Fellowship Christian Academy's equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by Fellowship Christian Academy, its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

PARENT, AUTHORIZATION, CONSENT, & RELEASE (CONTINUED)

I agree to pay for any and all medical expenses incurred as a result of the use of this consent and further represent that my child is fully covered under my health insurance policy or the health insurance policy of his/her other parent and that **a copy of this insurance policy is hereby attached**. I understand that my child will not be allowed to participate in any of the aforesaid activities without proof of said insurance.

I understand that it is my obligation to inform the management of Fellowship Christian Academy of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Fellowship Christian Academy

Should the need for medical attention arise, Fellowship Christian Academy will attempt to contact the parent/legal guardian as soon as possible.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Fellowship Christian Academy on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT, and RELEASE by reading it before I signed it.

Signature of Parent or Guardian

Date

Print Name

PERMISSION FOR EMERGENCY HEALTH CARE/ACTIVITIES FORM

(PLEASE PRINT CLEARLY)

Student's Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: Male Female Grade: _____

EMERGENCY CARE: In the event of an emergency in which I cannot be reached, the physician listed below and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child(ren).

1. Child's Physician: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

2. Child's Dentist: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

3. Local Hospital: **Methodist Charlton Medical Center** Phone: **214-947-7777**

Address: **3500 W. Wheatland Road Dallas, TX 75237**

PLEASE LIST ANY: (Please list N/A if Not Applicable)

Allergies: _____

Health Problems: _____

FIRST AID: In the event of an emergency, I authorize the OCBF/FCA staff to provide any first aid care deemed necessary for my child.

Signature of Parent or Guardian

Date

HEALTH RECORD TRANSFER: In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature of Parent or Guardian

Date

TRANSPORTATION: I Do Do not hereby grant Oak Cliff Bible Fellowship/Fellowship Christian Academy (Preschool through grade 8) and its designated agents, employees, teachers, and leaders, permission to transport my child from Fellowship Christian Academy to scheduled field trips.

While in the custody of Oak Cliff Bible Fellowship/Fellowship Christian Academy (Preschool through grade 8), I release and hold harmless Oak Cliff Bible Fellowship/Fellowship Christian Academy, agents, employees, teachers, and leaders, from any and all liability whatsoever that might arise during all school-sponsored functions, including, but not limited to, any injury or occurrence of any kind that might result during the time that my minor child is in their care and custody.

This release will be binding on my heirs, designated personnel and personal representatives and will be in effect until my child is returned to Oak Cliff Bible Fellowship/Fellowship Christian Academy.

Signature of Parent or Guardian

Date

WATER ACTIVITIES: I Do Do not hereby give my consent for my child to participate in water activities as follows: Splashing Wading Pools Other bodies of water as provided by the facility.

Signature of Parent or Guardian

Date



MEDICAL INFORMATION FORM (PRESCHOOL ONLY)

(PLEASE PRINT CLEARLY)

Student's Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: Male Female Grade: _____

2012-2013 ACADEMIC YEAR

TO BE FILLED OUT BY PHYSICIAN

Child's Physician: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Immunization record attached Significant Medical/Surgical history attached

HEALTH/MEDICAL HISTORY

Please answer the following questions.

Specify Any Disease:

None Existing Illness Asthma Diabetes Developmental Problems (i.e. hearing, speech, etc.)

Other: _____

Allergies:

Life-Threatening: _____ Seasonal: _____

Food _____ Insect _____ Other _____

Medication: _____

Medications (list all): None Additional medications see attached (Administration of Medicine or Special Procedure By School for must be submitted. The Forms are available at the Nurses Station).

Specify medical accommodations needed for school: none

Known or suspected disability: _____

Please monitor: _____

Restrictions: _____

Please monitor: _____

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is free from contagions and physically qualified for all physical education, sports, and playground, work and school activities at Fellowship Christian Academy.

Physician Signature

Date

Print Name



2012-2013 ENROLLMENT NOTICE

1. I understand that enrollment for my child is secured on a first-come, first-serve basis as completed registration packets (with required enrollment documents) are received and student fees are paid in full. I also understand that enrollment is not finalized until FCA's Administration has reviewed and approved the Memorandum of Understanding. Parents will receive a copy of the Memorandum of Understanding as a receipt to confirm enrollment. Enrollment fees are **non-refundable and non-transferable**.

_____ **Initials**

2. I understand that enrollment or re-enrollment eligibility for will be determined as follows:
- K-8 will be determined by student's academic eligibility and conduct
 - Preschool (current student's) will be determined by student's conduct, parent conduct from the current year or previous school year and parent interview (for new students).
 - All student accounts/cumulative folders must be in good standing with the school

_____ **Initials**

3. I understand that all fees are to be paid in full in the form of a money order or cashier's check. (***No personal checks or cash***).

_____ **Initials**

4. **Early Withdrawal Policy:** Tuition is payable based on an entire month for each student. FCA's main office must be notified in writing 30 days in advance of the final date a student will attend school. All charges related to the student's enrollment are to be paid according to withdrawal policy. If a student is dismissed, for any reason, all policies and fees will be applied according to the early withdrawal policy. Transcripts and/or report cards will not be released until all tuition and fees are paid in full.

_____ **Initials**

5. All Fellowship Christian Academy families have three (3) options for paying tuition. All families that elect option 1 below are required to enroll in the Smart Tuition Management Program, (See Financial Resource Guide for details). **Please choose only one payment option.**

Option 1: Ten (10) monthly payments for elementary, middle school and after school program students and/or twelve (12) monthly payments for preschool students, which will be automatically deducted through the Smart Tuition Management Program (*See Enrollment process for Smart Tuition Management Program*).

_____ **Initials**

Option 2: A single lump sum payment for the entire year, due on or before August 2nd paid directly to Fellowship Christian Academy in the form of a money order or cashier's check (no personal check).

_____ **Initials**

Option 3: Two single lump sum payments per semester, due on or before August 2nd and January 2nd paid directly to Fellowship Christian Academy in the form of a money order or cashier's check (***No personal checks or cash***).

_____ **Initials**

Signature of Parent or Guardian

Date

Print Name



2012-2013 PARENT FINANCIAL NOTICE

Student's Full Name: _____
(Last)
(First)
(Middle)

Date of Birth: _____ Age: _____ Gender: Male Female (2012-2013) Grade: _____

PLEASE REVIEW THE APPROPRIATE ENROLLMENT INFORMATION FOR YOUR CHILD

PRESCHOOL TUITION IS BASED ON 12 MONTHLY PAYMENTS. ELEMENTARY, MIDDLE SCHOOL AND AFTER SCHOOL PROGRAM TUITION IS BASED ON 10 MONTHLY PAYMENTS.

ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE

FELLOWSHIP CHRISTIAN ACADEMY SCHOOL FEES	PRESCHOOL	ELEMENTARY	MIDDLE	AFTER SCHOOL	MISC.
APPLICATION FEE	50.00	50.00	50.00	-	-
REGISTRATION (AFTER MARCH 30)	150.00	250.00	300.00	50.00	-
EARLY REGISTRATION (BEFORE MARCH 30)	100.00	175.00	175.00	-	-
BOOK/CURRICULUM FEE (2YR-4YR)	50.00	-	-	-	-
BOOK/CURRICULUM FEE (KINDERGARTEN)	-	75.00	-	-	-
BOOK/CURRICULUM FEE (1 st - 8 th)	-	150.00	200.00	-	-
TUITION (18M - 2YR) (450.00 MONTHLY)	5,400.00	-	-	-	-
TUITION (3YR - 4YR) (425.00 MONTHLY)	5,100.00	-	-	-	-
TUITION (KINDERGARTEN - 8 th GRADE)	-	4,100.00	4,100.00	1,200.00	-
LATE PICK-UP FEE (\$1.00 PER MIN)	-	-	-	-	-
ASP DROP-IN FEE	-	-	-	20.00	-
ASP ALL DAY DROP-IN FEE - (student holidays)	-	-	-	40.00	-
GRADUATION FEES (4yr olds and 8 th grade)	50.00	-	50.00	-	-
TESTING FEES (STANFORD ACHIEVEMENT TEST)	20.00	-	-	-	-
ACTIVITY FEE	100.00	50.00	50.00	100.00	-
RECORD REQUEST FEE - cashier's check or money order (due upon day records are requested)	-	-	-	-	5.00
NSF FEES (MISCELLANEOUS ITEMS)	-	-	-	-	35.00
FCA LATE TUITION FEE	-	-	-	-	15.00
SMART TUITION LATE FEE	-	-	-	-	30.00
SMART TUITION FAILED AUTO DEBIT FEE	-	-	-	-	25.00
KIDS COLLEGE (SUMMER) - (1 st grade - 6 th grade)	-	410.00	-	100.00	registration 100.00
BREAKFAST (PER DAY) - cash, check or money order made payable to OAK CLIFF BIBLE FELLOWSHIP	-	1.50	1.50	-	-
LUNCH (PER DAY) - cash, check or money order made payable to OAK CLIFF BIBLE FELLOWSHIP	-	3.00	3.00	-	-

The total amount of money needed for the Parent Finance Meeting is \$_____.

I understand the funds should be in the form of a money order of cashier's check (**No personal checks or cash**).

Signature of Parent or Guardian

Date



website: fcasoars.org

A Ministry of Oak Cliff Bible Fellowship

1821 W. CAMP WISDOM ROAD

DALLAS, TEXAS 75232

(214) 672-9200 x4401 • (214) 672-9201 (FAX)

PARENT FINANCIAL AGREEMENT

PARENT'S NAME: _____ PARENT'S PHONE NUMBER: _____

STUDENT'S NAME: _____ GRADE / CLASS: _____ DATE OF BIRTH: _____

SCHEDULE OF FEES

PRESCHOOL TUITION IS BASED ON 12 MONTHLY PAYMENTS. ELEMENTARY, MIDDLE SCHOOL & ASP TUITION IS BASED ON 10 MONTHLY PAYMENTS.

FCA – SCHOOL FEES	PRESCHOOL	FEES RECEIVED	ELEMENTARY	FEES RECEIVED	MIDDLE	FEES RECEIVED	ASP	FEES RECEIVED
APPLICATION FEE	50.00	<input type="checkbox"/>	50.00	<input type="checkbox"/>	50.00	<input type="checkbox"/>	-	
EARLY REGISTRATION	100.00	<input type="checkbox"/>	175.00	<input type="checkbox"/>	175.00	<input type="checkbox"/>	-	
REGISTRATION	150.00	<input type="checkbox"/>	250.00	<input type="checkbox"/>	300.00	<input type="checkbox"/>	50.00	<input type="checkbox"/>
BOOK/CURRICULUM FEE (2YR – 4YR)	50.00	<input type="checkbox"/>	-		-		-	
BOOK/CURRICULUM FEE (KINDERGARTEN)	-		75.00	<input type="checkbox"/>	-		-	
BOOK/CURRICULUM FEE (1 ST – 8 TH)	-		150.00	<input type="checkbox"/>	200.00	<input type="checkbox"/>	-	
TUITION (18 MON – 2 YR)	450.00	<input type="checkbox"/>	-		-		-	
TUITION (3 YR – 4 YR)	425.00	<input type="checkbox"/>	-		-		-	
TUITION (KINDERGARTEN – 8 TH GRADE)	-		410.00	<input type="checkbox"/>	410.00	<input type="checkbox"/>	120.00	<input type="checkbox"/>
ACTIVITY FEE	100.00	<input type="checkbox"/>	50.00	<input type="checkbox"/>	50.00	<input type="checkbox"/>	100.00	<input type="checkbox"/>

TOTAL PAID

DEDUCTION FOR THE AMOUNT OF: _____ + \$43.00 SMT FEE = _____ WILL BEGIN ON (DATE): _____

DEDUCTION FOR THE AMOUNT OF: _____ WILL BEGIN ON (DATE): _____

MEMORANDUM OF UNDERSTANDING BETWEEN FCA, SERVICE PROVIDER AND PARENT/GUARDIAN

I UNDERSTAND that Fellowship Christian Academy (FCA) provides quality education in a nurturing Christian environment by partnering with the parents/guardians of the students who attend FCA. FCA also partners with Smart Tuition, LLP, to collect tuition and other applicable school fees, while FCA Financial Services oversees and monitors my tuition account.

I UNDERSTAND that the Smart Tuition ACH payment will occur on the 2nd of each month. (If I am not enrolled in Smart Tuition, my tuition payment is still due on the 2nd of each month or August 2nd and January 2nd). In the event the ACH attempt fails, I have until the 5th to pay the tuition as well as the \$25.00 failed transaction fee, otherwise I will be assessed FCA's \$15.00 late fee and Smart Tuition's \$30.00 late fee. **I FURTHER UNDERSTAND** that there **WILL NOT** be an opportunity for a second attempt. If tuition and other fees are not paid **BEFORE** the 15th of the month, my child **WILL NOT** be allowed to return to school until all fees are paid in full directly to FCA via a money order or cashier's check. **I ALSO UNDERSTAND** that all fees, fines and/or account balances owed to FCA, must be paid in full before **any** official records are issued.

IT IS MY UNDERSTANDING that all fees paid to FCA such as; application fees, registration fees, book fees, activity fees and tuition are non-refundable and non-transferable. FCA will collect payment for both Preschool and After School Program (ASP) late pick-up fees, ASP drop-in and all-day drop-in fees via Smart Tuition. **I UNDERSTAND** that if I am not enrolled in the Smart Tuition Program, I will pay the above mentioned fees directly to FCA via money order or cashier's check.

I AGREE that if I withdraw my child or if my child will not continue with FCA, overpayments/credits will be issued as a refund at the end of the school year (after July 31st). If I am due a refund during the course of the school year and I am enrolled in the Smart Tuition Program, the credit will be applied to my Smart Tuition account.

I have read this "Memorandum of Understanding", I understand and I am willing to comply with the terms and conditions mentioned above. I have also read the "Financial Information Resource Guide" and I will support the policies stated therein.

PARENT'S/GUARDIAN'S NAME (PRINT)

PARENT'S/GUARDIAN'S (SIGNATURE)

DATE

FOR INTERNAL USE ONLY

To Be Completed By Admission / Enrollment Office

New Student Current Student Former Student

Completed Admission Application: _____

Completed Testing: _____

Completed Parent Interview: _____

Admission's Department Approval: _____

Date of Approval: _____

Comments: _____

To Be Completed By FCA Financial Services

Semester Annually Smart CCA

Miscellaneous _____

Completed Smart Deduction Form: _____

Paid: Reg., Book, Tuition, Activity & Misc.: _____

Finance Department Approval: _____

Date of Approval: _____

Comments: _____

