



(352) 351-1913

# FIRST ASSEMBLY CHRISTIAN SCHOOL

A MINISTRY OF FIRST ASSEMBLY OF GOD, OCALA, FL.

*"Children are a blessing & a gift from the Lord."*

1827 NE 14TH STREET

OCALA, FL 34470

## School Initial Fees

Registration:	\$ 100.00
Student Insurance:	\$ 20.00
Computer Lab:	\$ 80.00
PE(K-9th):	\$ 50.00
Testing:	\$ 50.00
Uniforms:	\$ 100.00
Curriculum:	\$ 300.00

**TOTAL: \$ 700.00**

## Tuition

Grade	Annually	Monthly*
K5 - 4th	\$5,800.00	\$580.00
5th - 8th	\$5,900.00	\$590.00
9th - 12th	\$6,000.00	\$600.00

\*10 equal monthly payments to start August 1st.

## Details

- **Registration fees are non-refundable.**
- **Curriculum fees are due by July 1st.**
- Tuition is paid in advance. Monthly payments are due by the 10th of each month.
- Payments received after this date are subject to a late charge of \$10.00, which will be added to the account balance. Accounts more than two months past due will result in withdrawal of student and assignment of new student from waiting list to class.
- **In the event of withdrawal/expulsion, a one-month tuition payment penalty is due.**
- **Kindergarten and 7th grade - Current Immunization.**

## Tuition Discounts

- 5% tuition discount if the account is paid in full on / before August 1st.
- 2% tuition discount if ½ tuition is paid on August 1st and balance on / before January 2nd.

## Team Sports

- Uniform fee must be paid **prior** to participation in the sport.
- Updated Physical turned in
- Any remaining expenses must be covered through fund-raising / payments.

## Other

- Speech class - \$45.00 / session
- Remedial Reading - \$45.00 / session

## Payment Methods

- Cash
- Check
- Visa / Mastercard, Discover

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<b>Preschool Initial Fees</b>		<b>Tuition</b>		
Registration:	\$ 75.00	<u>Class</u>	<u>Rate</u>	<u>Term</u>
Student Insurance:	\$ 10.00	Infants	\$210.00	Weekly
Curriculum:	*\$ 75.00	Toddler A (1yr-2yr)	\$180.00	Weekly
*(Toddler B & Preschool 3 only)		Toddler B (2yr-3yr)	\$175.00	Weekly
Late Charges		Preschool (3yr-4yr)	\$170.00	Weekly
<ul style="list-style-type: none"> <li>\$1.00 for every minute <ul style="list-style-type: none"> <li>Past 6:00 pm</li> <li>Past 12:00 pm *VPK</li> </ul> </li> </ul>		VPK (must be 4 by Sept 1st)	FREE	Weekly
		Wrap-Around (VPK)	\$100.00	Weekly
		Wrap-Around (K5-12th grade)	\$ 75.00	Weekly
		Summer, Christmas, Spring Break	\$120.00	Weekly

### **Details**

The following items MUST accompany enrollment forms:

- All fees included first week's payment
- Birth Certificate and Social Security Card
- Physical Examination (within the last year)
- Current Immunization Record
- Enrollment Form
- Emergency Medical Treatment Form
- Financial Agreement Form
- Both Child Care Food Program Forms
- A Copy of the Parent's Driver's License

### **Hours**

- Daycare: Monday - Friday, 6:30 am - 6:00 pm
- VPK: Monday - Friday, 8:15 am - 11:45 am

### **Payment Methods**

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## APPLICATION

\_\_\_\_/\_\_\_\_/202\_\_

**Please complete the application for enrollment into First Assembly Christian School (FACS) entirely for it to be accepted.**

### Student Information

1) First, Middle, Last	DOB	Social Security # - -	Sex circle one <b>MALE/ FEMALE</b>
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity	
Last School Attended with Address & Phone Number		Grade being enrolled in	
2) First, Middle, Last	DOB	Social Security # - -	Sex circle one <b>MALE/ FEMALE</b>
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	
3) First, Middle, Last	DOB	Social Security # - -	Sex circle one <b>MALE/ FEMALE</b>
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	
4) First, Middle, Last	DOB	Social Security # - -	Sex circle one <b>MALE/ FEMALE</b>
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	

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## Family Information

Father's Full Name	Cell Phone #	Work Phone #	Email (required to see student grades)
Address City, State, Zip		Employer & Address	
Mother's Full Name	Cell Phone #	Work Phone #	Email (required to see student grades)
Address City, State, Zip		Employer & Address	

Circle who has Custody of child(en):      **both parents**      **mother**      **father**      **other**

Please describe the terms of the custodial arrangement: if the court has issued custody, you must provide a copy to the school.

## Emergency Contacts allowed to pick-up (other than parents listed)

Contact 1: LEGAL NAME	Phone #	Full Street Address
Contact 2: LEGAL NAME	Phone #	Full Street Address
Contact 3: LEGAL NAME	Phone #	Full Street Address
Contact 4: LEGAL NAME	Phone #	Full Street Address
Contact 5: LEGAL NAME	Phone #	Full Street Address
Contact 6: LEGAL NAME	Phone #	Full Street Address
Contact 7: LEGAL NAME	Phone #	Full Street Address
Contact 8: LEGAL NAME	Phone #	Full Street Address

## Parent's Spiritual Information

Current Church Attending	City/State	Has the parent professed to have a personal relationship with Jesus Christ? YES      NO
Does the parent attend regularly ?      YES      NO		

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## Student's Spiritual Information

Current Church Attending	City/State	Has the student professed to have a personal relationship with Jesus Christ? YES      NO
Does the child(en) attend regularly ?      YES      NO		

## Health Information

Complete health information on the Florida HRS form 680 must be received as part of the application. A recent physical is also required for all kindergarten and all new students in the state of Florida. If you are a Florida resident, an original form from your doctor or a photo copy from school records is acceptable. If you are applying from another state, the school's registrar will advise you as to the required procedure.

Note: ALL information is strictly confidential and will be shared with only those directly concerned.

Physician Name	Physician Phone #	Physician Address
Dentist Name	Dentist Phone #	Dentist Address
Does your child have any specific physical handicaps or medical problems? YES      NO	If yes, please explain:	
Does your child take any prescribed medications for chronic medical conditions? YES      NO	If yes, please explain:	
Please list all allergies your student(s) may have		
Please list all medications your student(s) may be taking		

Do you suspect a learning disability in your child(ren)? YES      NO	If yes, please explain.
Has your child(ren) been diagnosed with special needs? YES      NO	If yes, please explain.
Has your child(ren) ever been recommended for , referred to, or received behavioral or psychological counseling? YES      NO	If yes, please explain.
Have your child(ren) ever been arrested or charged with a civil infraction or crime other than a traffic violation? YES      NO	If yes, please explain.
Has your child(ren) ever been suspended from, expelled from, or asked not to return to school for any reason? YES      NO	If yes, please explain.

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## Consent and Liability Release

In EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL (the "Ministry") to have your child transported to that hospital. It also authorizes Ministry personnel to contact the child's primary care or dental provider, in the event of an emergency. By signing this agreement, you acknowledge that the Ministry does not provide any health insurance covering said student during the activities referred to herein and you understand that it is your responsibility as parent or guardian to obtain health insurance covering said student. You also agree to accept the sole responsibility for the costs of medical care.

I HEREBY GIVE PERMISSION FOR THOSE RESPONSIBLE FOR MY CHILD AT THE MINISTRY TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY, INCLUDING TO ADMINISTER EPINEPHRINE. I understand that, although certain volunteers and/or other workers have been familiarized with allergies, anaphylaxis, and epinephrine administration, these individuals are not medically trained personnel and do not have professional training or experience in meeting the needs of children with such allergies or to identify symptoms or signs that the student is in distress or may need emergency medical treatment.

In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital emergency room. My signature below authorizes the responsible person at the Ministry to have my child transported to that hospital. It also authorizes the Ministry personnel to contact my child's allergy physician or primary care physician in the event of an emergency. I AGREE to pay all costs associated with my child's emergency care.

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Florida and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Hospital preference:			
Child's Name	Age	Child's Name	Age
Child's Name	Age	Child's Name	Age
<div style="display: flex; justify-content: space-between;"><div>_____ <b>Parent/Guardian's Printed Name</b></div><div>_____/_____/202_____ <b>Date</b></div></div>			
Insurance Company:		Policy #:	
Emergency Plan Instructions			

### Extra medical instructions:

- (1) Signs/symptoms to look for: \_\_\_\_\_  
\_\_\_\_\_
- (2) If signs/symptoms appear, do this: \_\_\_\_\_  
\_\_\_\_\_
- (3) To prevent incidents: \_\_\_\_\_  
\_\_\_\_\_

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### **Contractual Agreement / Attestation**

*I hereby make an application for my child(ren) to attend First Assembly Christian School (FACS). I affirm that I will prayerfully support the administration and faculty by upholding the policies and procedures of the school. If I am in disagreement, I will follow the scriptural principle of going first to the teacher and then to the administrator with the disagreement . Scholarships are available but may not cover all fees. I agree to make payments in accordance with the approved "Tuition and Fee Schedule" and to pay an additional one month's tuition in the event of withdrawal or expulsion from the school. I give my permission for my child(ren) to attend any school-sponsored field trips and activities away from the school. I give permission for my child(ren) to be photographed and the photographs to be used on bulletin boards, in the yearbook, in magazines and on the school website. I understand, if for any reason I am unable to carry out any part of this agreement, I may be asked to withdraw my child(ren) from the school and I will do so on request.*

*I hereby attest that the foregoing information about myself, my family, and my child(ren) is correct and may be fully relied upon by the school to determine whether my child(ren) may be accepted to First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL. I understand that my child will not be enrolled at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL until I have been notified of his/her acceptance, and have completed the enrollment agreement and enrollment forms.*

*Your Signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.*

<div><div></div><div>Custodial Parent/ Guardian</div></div>	<div><div></div><div>Date</div></div> <div>/ / 202</div>
<div><div></div><div>Administrator Signature</div></div>	<div><div></div><div>Date</div></div> <div>/ / 202</div>

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