

GRADE _____

DATE _____

TIME _____



FBCMI Academy
2020-2021 Registration Form

Preschool/Kindergarten Tuition: K-2, K-3, K-4, K-5 - \$2,500.00 per year or \$250.00 per month

Registration and Materials Fee - \$275.00 (yearly, non-refundable)

Child's Name: _____

Date of Birth: _____ **Current Age** _____

Home Address: _____

Home Phone: _____

Father's Name: _____

Father's Cell: _____ **Work:** _____

Email: _____

Mother's Name: _____

Mother's Cell: _____ **Work:** _____

Email: _____

Daily Caregiver Name & Cell number (if needed) _____

**Daily Caregiver will only be contacted for day-to-day needs such as, bringing a change of clothing, sick calls, etc. No financial information will be shared with the Daily Caregiver unless you give prior permission.*

Home Church: _____

I/we understand that school tuition is due the 1st of each month. After the 5th of the month a late fee of \$20.00 will be added to my account.

Father's Signature _____

Mother's Signature _____



FBCMI Academy
2020-2021 Parent Authorization Form

Child's Name: _____

PERSONS AUTHORIZED TO PICK UP MY CHILD:

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Parent Signature: _____ **Date:** _____

ILLNESS:

I understand that FBCMI Academy does not provide care for sick children and cannot administer prescription or non-prescription medications. Upon being contacted, I understand that I must make arrangements for my sick child to be picked up as soon as possible.

Parent Signature: _____

EMERGENCY MEDICAL TREATMENT:

I give FBCMI Academy's Staff permission to obtain emergency medical treatment for my child if needed.

Parent Signature: _____ **Date:** _____

FIELD TRIPS:

I give permission for my child to attend field trips with FBCMI Academy.

Parent Signature: _____



2020-2021 FBCMI Academy Student Emergency File

Name of Child: _____ Date of Birth _____

Address: _____

Name of Parent or Guardian: _____

In Case of Emergency Contact:

Name	Relationship	Cell
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Name	Relationship	Cell
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Physician's Information:

Name	Phone
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Dentist's Information:

Name	Phone
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Should your child suffer from a serious injury and needs to be transported by Emergency Medical Personnel to the nearest hospital, do you give your permission for such transport and agree to pay for the expenses incurred?

____ Yes ____ No

If No, please explain: _____

*****Known allergies, asthma, diabetes, epilepsy etc. or special condition*****

I certify that to the best of my knowledge _____ is in good mental and physical health to participate in FBCMI Academy.

Parent Signature: _____ **Date:** _____

**** Please complete all enclosed forms and return with the non-refundable registration fee along with a copy of your child's updated Immunization Form from your child's pediatrician as well as his/her birth certificate.**