

# FAITH CHRISTIAN ACADEMY APPLICATION

Date of Application \_\_\_\_\_

School year \_\_\_\_\_

## Student Information

Student's Name \_\_\_\_\_

(Last)

(First)

(Middle initial)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_

Public School District \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Form of Transportation (Please check one)

Bus \_\_\_\_\_ Pick up @ dismissal \_\_\_\_\_ School's out program \_\_\_\_\_

**Grade of entry: Pre-K K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Please circle the appropriate grade**

Name of School (List all schools previously attended below (most recent first))

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

Has your child ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child had any academic problems? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain

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

Has your child been diagnosed with a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child experience attention difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have emotional difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have social difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently on any type of medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the medications.

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Please list any allergies your child may have.

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If your child has received any special remedial, tutorial, or enrichment programs either in school or out of school, or if your child has been evaluated by the Child Study Team, please write a brief description of such service:

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Why do you want your child to attend Faith Christian Academy?

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Family Information (Please print clearly)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

Is there other children living with the family?

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Spiritual Background

Faith Christian Academy is an extension of the home and church, please complete this section regarding your church affiliation.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Church \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Pastor \_\_\_\_\_ Pastor \_\_\_\_\_

Are you a church member \_\_\_\_\_ Are you a church member \_\_\_\_\_

Church Involvement \_\_\_\_\_ Church Involvement \_\_\_\_\_

Emergency Information

In case of emergency, every effort will be made to reach the student's parents first, however, sometimes they cannot be reached. In the event of an emergency, please designate two individuals authorized to pick up your child in the event you cannot pick up or be reached.

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relation to the child \_\_\_\_\_

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relation to the child \_\_\_\_\_

If there is anything you would like to share about your child that will help us understand him/her better?

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# SCHOOL'S OUT APPLICATION

Before and After School Program

Date \_\_\_\_\_ School Year \_\_\_\_\_

Child's information: (Please fill out a registration for each child you are enrolling)

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

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Attendance Information: (Please indicate the days that your child will be attending)

Morning Care: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

After Care: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Please let us know as soon as possible if there are changes in your schedule that would require a change in attendance.

Family Information: (Please Print)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email \_\_\_\_\_

Child resides with Mother/Father \_\_\_\_\_

In the event of an emergency we will make every effort to reach the child's parents or guardians. It is our policy not to release your child into the custody on any person unless specified by you. Please list below all persons that are authorized to pick up your child. These persons **MUST** present a valid driver's license or other proper identification. Any exceptions to the persons named below will require your written consent.

Emergency Contact and phone number:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer the following questions to better understand your child:**

1. **Has your child been diagnosed with learning disabilities? Yes \_\_\_ No \_\_\_**

**If yes, explain:**

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2. **Has your child had any disciplinary difficulties? Yes \_\_\_ No \_\_\_**

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3. **Does your child have any emotional difficulties? Yes \_\_\_ No \_\_\_**

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4. **Does your child have any attention difficulties? Yes \_\_\_ No \_\_\_**

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5. **Does your child have any social difficulties, or physical handicaps? Yes \_\_\_ No \_\_\_**

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6. **Is your child taking any type of medication, and will they need to during the program? Yes \_\_\_ No \_\_\_**

**If so, please list any medications.**

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7. **Please list any allergies your child has:**

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**Parent Signature:**

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## **Schools Out**

**Morning Care 7:00-8:15**

**After Care 2:40-5:45**

- If there is no school, there is no Morning Care and No After Care
- If there is a 2 hour delay, There is no morning Care
- If there is early dismissal, There is no After Care

## **Pick up Procedures**

- The names listed on the application are the only ones who can pick up the child. Please show your driver's license until we are familiar with you.
- If you are not named on the application, and are picking up, Driver's license is needed to pick up
- Parents must send a note to teacher, front office, or call the schools out line 845-484-9340 if there is someone other than you picking your child.

Thank you we appreciate your cooperation with the safety of our students. If you have any other questions please do not hesitate to call the school at 845-462-0266.



## 2025–2026 School's Out Before & After Care Program

Faith Christian Academy  
School Office: (845) 462-0266

### Program Hours

- Morning Care: 7:00 AM – 8:15 AM (\$25/day)
- After Care (School's Out Program): 2:45 PM – 5:45 PM
- ☒ \$35 late pick-up fee per child after 5:45 PM



### Important Notes

- Closed on holidays, snow days, delays, and half days.
- Monthly fees due by the 25th of each month (June payment due by June 15).
- Non-refundable Application Fee: \$55 per student (due with application)

### Monthly After Care Fees

Days/Week	1 Student	2 Students	3 Students
1 Day	\$90	\$180	\$200
2 Days	\$160	\$250	\$300
3 Days	\$180	\$360	\$450
4 Days	\$240	\$480	\$600
5 Days	\$300	\$600	\$750

### Morning Care Fees

Per Day (7:00 AM – 8:15 AM)

\$25 per student

### Contact Us

If you have questions or need to make changes, please call or text the School's Out phone number at: (845) 464-9340.

\*\*These fees cover the costs associated with supervision, snacks, and resources provided during the extended hours.