

**Family Christian Academy**  
**A Ministry of Family Worship Center**  
**Student Enrollment/Re-enrollment Form**  
**\*Registration Fee \$450.00 (non-refundable)\***

**Date:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**PLEASE PRINT:**

Please list each child being registered:

First	Middle	Last	Grade Entering	New Enrollee	Re-enroll	M/F	Age	DOB

**Billing Information, Responsible Parent/Guardian Information:**

Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer's Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reg. Fees Recv'd: \$ \_\_\_\_\_ Method \_\_\_\_\_ Date: \_\_\_\_\_ BK Initial's \_\_\_\_\_ BA Initials \_\_\_\_\_

Contract \_\_\_\_\_  
Bookkeeper Business Administrator

Start Date: \_\_\_\_\_ Pro-Rated Amount: \$ \_\_\_\_\_ Contract Signed Date: \_\_\_\_\_

Tuition Rates: FCA Annual Rate  
 First Child: \$ \_\_\_\_\_ Year Rate \_\_\_\_\_  
 Second Child: \$ \_\_\_\_\_  
 Third Child: \$ \_\_\_\_\_ Lunch Account \_\_\_\_\_  
 Fourth Child: \$ \_\_\_\_\_

Student(s) entered in roll book- Date: \_\_\_\_\_ Auto charges entered in computer- Date: \_\_\_\_\_