

APPLICATION

FOR

FECC



Children Academy

Submit completed application to the FECC Children Academy office with the
\$40.00 nonrefundable enrollment fee and \$50.00 curriculum fee

11330 E. 166th Street, Cerritos, CA 90703

Tel: (562) 865-2424 Fax: (562) 865-8146

E-mail: feccacademy@aol.com

WELCOME!

Thank you for expressing an interest in FECC Children Academy. As part of the application process, we invite you to invest a few moments and carefully read through this information packet. We would also encourage you to come in and visit the facility. We feel the best way for you to get to know us is to see us in action. Please give our office a call if you have any question. We look forward to serving you and your family in the near future.

*In His service,
Grace Lin, Director*



FOR OFFICE USE ONLY
Entered on Computer _____
Account Number _____
Registration Applied _____
Room Assignment _____

FECC CHILDREN ACADEMY ENROLLMENT FORM

Present date ____/____/____

Starting date ____/____/____

Child's Full Name _____
Last First Middle

Date of Birth ____/____/____
mo day year

Male ____ Female ____

Potty Train ____ 3-Year-Old Class ____ 4-Year-Old Class ____ Kindergarten ____
(Check class appropriate for child)

PARENTS' INFORMATION UPDATE

PARENT/GUARDIAN #1

Mr/Mrs/Ms _____ Home Phone () ____ - ____

Home Address _____ Lives with student? Yes No

City/Zip _____ E-mail: _____

Relation to Student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () ____ - ____

PARENT/GUARDIAN #2

Mr/Mrs/Ms _____ Home Phone () ____ - ____

Home Address _____ Lives with student? Yes No

City/Zip _____ E-mail: _____

Relation of student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () ____ - ____

EMERGENCY CONTACT

Other than parents, **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW** (Must include at least **TWO** local persons to call for illness, accident, late pick-up, or other emergency reasons). Please list them in the order of preference for us to contact.

1. Mr./Mrs./Ms _____ Home Phone () ____ - ____
Home Address _____ Lives with student? Yes No
City/Zip _____ Work Phone () ____ - ____
Relation to Student _____

2. Mr/Mrs/Ms _____ Home Phone () ____ - ____
Home Address _____ Lives with student? Yes No
City/Zip _____ Work Phone () ____ - ____
Relation with Student _____

3. Mr/Mrs/Ms _____ Home Phone () ____ - ____
Home Address _____ Lives with student? Yes No
City/Zip _____ Work Phone () ____ - ____
Relation with Student _____

Special physical conditions/allergies we should be aware of

Names and ages of other children in the family _____

Has your child been in preschool before? Yes No
If yes, where? _____

Religious Preference _____

MEDICAL INFORMATION

Name of child's physician or clinic _____

Physician address and phone _____

Name of medical insurance and policy no. _____

FOR OFFICE USE ONLY
Effective Date _____
Account Number _____
First Month Tuition Applied _____
Reoccurring Tuition Set-Up _____

FECC Children Academy Enrollment Agreement

FECC Children Academy agrees to provide qualified staff and facilities consistent with state licensing requirements for the care and education of your child. The monthly tuition includes snacks and lunch.

I, _____, agree to register my child, _____, into the: (Please check)

Five Full days _____

Three Half days (Mon, Wed, Fri) _____

Three Full days (Mon, Wed, Fri) _____

Potty Train Program _____

Five Half days _____

My monthly tuition will be \$ _____

Potty Train Fee \$ _____

Less the multiple child discount \$ _____

Total monthly tuition \$ _____

I understand that tuition is due the first day of the month unless a written agreement has been made with the director. I also understand that I pay for the number of days reserved for my child regardless of attendance.

I agree to pay my tuition by the 1st and the 15th of the month with payments made:

Biweekly _____ Monthly _____

A late charge of 10% of the tuition will be charged to the account if the payment is not paid by the 5th or the 20th of the month. Services may be subject to termination for unpaid balance.

Date ___/___/___ Signature of parent or guardian _____

First month tuition \$ _____ Signature of Bookkeeper _____

FECC Children Academy

We, the parents of _____, have read the Parent Handbook and will cooperate with the policy and purpose of the academy.

We, as parents are aware of the requirement of our attendance at the Parent/Teacher conference and Parent Orientation Night and will fulfill our responsibility by attending these sessions.

We further understand that the Bible and religious teaching are a part of every aspect of the academy program.

Father's signature _____

and/or

Mother's signature _____



Consent to medical care and treatment of minor child

I, _____, hereby give permission that my child _____, may be given emergency treatment, to include first aid and CPR by a qualified staff member of FECC Children Academy. I further authorize and consent to dental, medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed dentist, physician, or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or other transportation to an emergency center for treatment. I further authorize FECC Children Academy to take my child to a hospital, and agree that I will pay all dental, medical and hospital bills, and FECC Children Academy shall not be responsible for them.

Signature of Parent/Guardian _____ Date __/__/__

