

**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. 166<sup>th</sup> Street, Cerritos, CA 90703**

**Tel: (562) 865-2424**

**E-mail: [feccacademy@aol.com/academy@fecc.us](mailto:feccacademy@aol.com/academy@fecc.us)**

## ***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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
mo day year

Potty Train (2-Year-Old Calss) \_\_\_\_ 3-Year-Old Class \_\_\_\_ 4-Year-Old Class \_\_\_\_  
Kindergarten \_\_\_\_

(Check class appropriates 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 \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

#### 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 \_\_\_\_\_ Mobil Phone ( ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

## 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

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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 1<sup>st</sup> and the 15<sup>th</sup> 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 5<sup>th</sup> or the 20<sup>th</sup> 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 \_\_/\_\_/\_\_

