



The Falcon's Nest – 2016-17

Before School Care and After School Enrichment Program Application (TK-5th)
Registration Fee \$45 for first child, \$25 for each additional children

Student #1 Name: _____

Grade: _____ Male Female Age _____ Date of Birth ____/____/____
Last First Middle
Month Day Year

Student(s) lives with Both Parents Mother Father Guardian-relationship to student: _____

Physician's Name: _____ Phone: _____

List medical conditions, allergies, and medications that the child takes on a regular basis: _____

Student #2 Name: _____

Grade: _____ Male Female Age _____ Date of Birth ____/____/____
Last First Middle
Month Day Year

Physician's Name: _____ Phone: _____

List medical conditions, allergies, and medications that the child takes on a regular basis: _____

(Additional children, please add another form)

Family Information:

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: Father _____ Work Phone: Mother _____

Cell Phone: Father _____ Cell Phone: Mother _____

Email: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact:

1. Emergency Contact _____ Relationship: _____
Cell Phone: _____ Work: _____

2. Emergency Contact _____ Relationship: _____
Cell Phone: _____ Work: _____

Official Medical Release:

In the event I cannot be reached, United Faith Christian Academy has my written consent to authorize a legally licensed physician or medical team to perform any emergency treatment necessary for

Student Name(s)

I, _____, agree to the official medical release. _____
Parent/Guardian Printed Name Signature of Parent or Legal Guardian

Falcon’s Nest Fees and Payment Information:

Student Name(s): _____

I am enrolling my child(ren) in:

Before School Care: Hourly / Monthly 7:00 am – 7:45 am Monday Tuesday Wednesday Thursday Friday
Please circle hourly or monthly and also day(s) plan

After School Care: Hourly / Monthly 3:00 pm – 6:00 pm Monday Tuesday Wednesday Thursday Friday
Please circle hourly or monthly and also day(s) plan

<p>Before School Care Payment Plans:</p> <ul style="list-style-type: none">● Monthly Plan \$60 (Unlimited AM days per month for one child)● \$8 per child/hour (Billed monthly based on actual usage) <p>After School Enrichment Program Payment Plans:</p> <ul style="list-style-type: none">● Monthly Family Plan \$320 (Unlimited PM days for all children enrolled in Falcon’s Nest in your family)● \$8 per child/per hour (Billed monthly based on actual usage) <p>Before School Care and After School Enrichment Program (AM/PM) Payment Plan:</p> <ul style="list-style-type: none">● AM/PM Monthly Family Plan \$380 (Unlimited Before and After School Care for all children enrolled in Falcon’s Nest in your family)
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All charges must be paid by check. Any questions please email Amy Woods in the Business Office at amy.woods@ufca.org. All monthly plans will be added to your SMART Tuition Account.

Authorization:

Please list anyone who is allowed to pick-up your child other than yourself or your emergency contacts. Use additional paper if necessary.

Name Cell Phone Work Phone Relationship to Child

Name Cell Phone Work Phone Relationship to Child

Conditions of Application:

In signing this application, I agree to and understand the provisions below:

1. I have read and understand the rules and policies outlined in the UFCA Handbook and Tuition/Fee Schedule for the 2015-16 school year. I will adhere to and support these policies without reservation.
2. I understand that it is my responsibility, as the parent or legal guardian, to ensure daily transportation to and from school. I will provide to the school in advance written consent should I have someone other than myself provide transportation for my child.
3. Should any legal action, for any reason be taken against UFCA, or any employee or agent thereof on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that UFCA or its agent should incur to defend itself against such action.

I certify that I have read and understand all the information on this application. The information I have provided is correct.

Parent/Guardian’s Signature Date Parent/Guardian’s Signature Date