

The Falcon's Nest

2011-2012

Before School Care and
After School Enrichment Program Application (K-8th)

United Faith Christian Academy
8617 Providence Rd., Charlotte, NC 28277
(704) 541-1742 Fax: (704) 540-7926

Student #1 Name: _____
Last First Middle Goes By

Application for Grade _____ Male Female Age _____ Date of Birth _____ / _____ / _____
Month Day Year

Student lives with: Both Parents, Mother, Father, Guardian-relationship to student: _____

Physician Name _____ Phone _____

List medical conditions, allergies, and medication child takes on a regular basis: _____

Student #2 Name: _____
Last First Middle Goes By

Application for Grade _____ Male Female Age _____ Date of Birth _____ / _____ / _____
Month Day Year

Student lives with: Both Parents, Mother, Father, Guardian-relationship to student: _____

Physician Name _____ Phone _____

List medical conditions, allergies, and medication child takes on a regular basis: _____

Student #3 Name: _____
Last First Middle Goes By

Application for Grade _____ Male Female Age _____ Date of Birth _____ / _____ / _____
Month Day Year

Student lives with: Both Parents, Mother, Father, Guardian-relationship to student: _____

Physician Name _____ Phone _____

List medical conditions, allergies, and medication child takes on a regular basis: _____

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 address: _____ Email address: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Our family has internet access No Yes- address _____

Emergency Contacts:

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

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	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions of Application:

I would like my child(ren) to complete the full school year at United Faith Christian Academy. In signing this application, I agree to and understand the provisions below:

- I have completely read (or have reviewed with admissions office) and fully understand the rules and policies outlined in the UFCA Family Handbook and Tuition/Fee Schedule for the 2011-2012 school year. I will adhere to and support these policies without reservation.
- 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.
- 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 it's 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

*Please attach \$45 (first child) and \$25 each additional child registration fee

Falcon's Nest Fees and Payment Information

Student Name(s): _____

I am enrolling my child(ren) in :

Before School Care: 7:00 – 8:00 am Mon. Tues. Wed. Thur. Fri.

After School Care: 3:00 – 6:00 pm Mon. Tues. Wed. Thur. Fri.

Before School Care Payment Plans:

Monthly Plan \$60

Unlimited AM days per month for one child (Your account must be drafted if you select this option)

Or

\$8 per child/hour

(Billed monthly based on actual usage – your account will not be drafted, payments must be made by check, cash, or credit card)

After School Enrichment Program Payment Plans:

Monthly Family Plan \$320

Unlimited PM days for all children enrolled in Falcon's Nest in your family (Your account must be drafted if you select this option)

Or

\$8.00 per child/per hour

(Billed monthly based on actual usage – your account will not be drafted, payments must be made by check, cash, or credit card)

Before School Care and After School Enrichment Program (AM/PM) Payment Plan:

AM/PM Monthly Family Plan \$380

Unlimited before and after school care for all children enrolled in Falcon's Nest in your family (Your account must be drafted if you select this option)

If your tuition is currently being drafted and you would like to use the same account please check here:

If not please fill out the following information:

Name of Account Holder: _____

Name of Financial Institution: _____

Institution ABA Number (9 digits): _____

Account Number: _____

Type of Account: Checking (attached voided check) Savings

Please draft my account on the 10th or the 20th of each month