

FAMILY LIFE ACADEMY
K-8TH GRADE
REGISTRATION FORM



Welcome to Family Life Academy!



**We are thrilled that you and your child(ren) are now part of our
Family Life Community!**

Family Life Academy Enrollment Paperwork Checklist:

Kindergarten/ First Year at FLA:

- Enrollment Form
- Emergency Blue Card
- Signed Handbook Form
- Copy of Birth Certificate
- Copy of Shot Record / Signed Exemption Form – There are required boosters before a child can enter Kindergarten

First – Fifth Grade / Returning Students:

- Enrollment Form
- Emergency Blue Card
- Signed Handbook Form

Sixth Grade:

- Enrollment form
- Emergency Blue Card
- Signed Handbook Form
- UPDATED Shot record / Signed Exemption Form – Boosters are due when child turns 11

Seventh – Eighth Grade:

- Enrollment Form
- Emergency Blue Card
- Signed Handbook Form



Family Life Academy

www.familylifeacademy.org

Today's Date _____

Enrollment Application

*Allergies: 1. _____ 2. _____ 3. _____
(We will ask for more details in the student emergency forms)

Check Grade:

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th grade 8th grade

Child's Full Name: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Initial)

Child's Address: _____ City/State/Zip: _____

Home Phone: _____ Sex: ☐ Male ☐ Female Child's Social Security #: _____

Enrolling Parent/Guardian: _____ Relationship with child: _____
(Last Name) (First Name) (Middle Initial)

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone/Pager: _____ Email Address: _____

Employer: _____ Work Phone: _____ - _____ Ext. _____

Work Address: _____ City/State/Zip: _____

Parent/Guardian: _____ Relationship with child: _____
(Last Name) (First Name) (Middle Initial)

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone/Pager: _____ Email Address: _____

Employer: _____ Work Phone: _____ - _____ Ext. _____

Work Address: _____ City/State/Zip: _____

Child lives with: Both Parents Mother Father Other: _____

Names of Registered Siblings: _____

Tuition Agreement

Family Life Academy is a non-profit school; however, we have financial responsibilities that must be met throughout the school year. The intent of our tuition agreement is to ensure that we are able to continue to meet those obligations without incurring additional charges. Prompt payment of fees and tuition helps to keep our tuition costs down.

Please make checks payable to Family Life Academy or FLA and write your child's name on the check to ensure that your account is properly credited. Payments may be mailed in or placed in the drop box located in the school office. When paying with cash, please bring it to the school office to obtain a receipt. In case of any discrepancies, accounts will only be credited if cash receipts are presented. When mailing tuition, please allow 7 business days for delivery.

Please initial and sign below:

_____ I agree to pay a **one time (when first registering)**, non-refundable family **Application Fee of \$75**.

_____ We are an active-duty military family – \$75 Application fee will be waived.

_____ I agree to pay my tuition in ten equal monthly installments which are **due on the first of each month**.

_____ I understand that payments will be considered past due on the 15th of each month and will incur **a late fee of 10%** of the outstanding balance.

Media Release

I grant permission to Family Life Academy and Christ Community Church to use my child's photograph or video on our website and/or other generated publications.

I hereby waive any right to inspect or approve the finished photograph, video, printed or electronic matter that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Family Life Academy and CCC from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse.

Please initial:

_____ I am the parent or legal guardian of _____. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature

Date



STUDENT EMERGENCY INFORMATION FORM TODAY'S DATE _____

Does your child have allergies? _____ Family Last Name _____

STUDENT'S NAME _____ Birth Date _____ Grade _____

Last First

STUDENT'S NAME _____ Birth Date _____ Grade _____

Last First

STUDENT'S NAME _____ Birth Date _____ Grade _____

Last First

Child's Home Address _____

Street/Apt# City State Zip Code

MOTHER'S NAME _____ Phone# _____

Home Cell

Mother's Home Address _____

(if different than above Street/Apt# City State Zip Code Zip Code

Mother's e-mail _____

Place of Employment: _____ Phone# _____

FATHER'S NAME _____ Phone# _____

Home Cell

Father's Home Address _____

(if different than above Street/Apt# City State Zip Code Zip Code

Father's e-mail _____

Place of Employment: _____ Phone# _____

Name of siblings currently enrolled at Family Life Academy Elementary School

1. _____ Grade _____

2. _____ Grade _____

Custody papers have been provided and are on file at the facility. ☐ Yes ☐ No

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. ***We will not allow anyone other than the person listed to pick up your child from school.**

1. NAME _____ Phone# _____

Home Cell

Address _____

Street/Apt# City State Zip Code

2. NAME _____ Phone# _____

Home Cell

Address _____

Street/Apt# City State Zip Code

In case of injury or sudden illness, _____ will be called first.

☐ I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

HOSPITAL PREFERENCE _____

Does your child have insurance coverage? ☐ Yes ☐ No

Name of Insurance Company _____

***The State of Arizona requires immunization for students entering Kindergarten and Sixth grade.**

If your child is new, entering Kindergarten or sixth grade, please attached your child's record of immunization or a signed exemption form (available in the office).

Medical Information - Please specify child when filling out the following questions

Is child allergic to food or other substances? ☐ No ☐ Yes

If yes, name foods or substances to be avoided and procedure to follow if reaction occurs _____

Is child usually susceptible to infections? ☐ No ☐ Yes

if yes, what precautions need to be taken? _____

Is child subject to convulsions? ☐ No ☐ Yes

What should be our procedure if one occurs? _____

Is there any physical condition that we should be aware of? ☐ No ☐ Yes

What precautions should be taken (heart trouble, foot problems, hearing impairment, hernia etc..) _____

Additional comments: _____

Other special instructions: _____

This **Emergency/Medical Information Form** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name

Signature

Date