

Faith Christian School

2111 Kuser Road*Hamilton Sq., NJ 08690*(609) 585-3353

Dear Prospective Parent:

Thank you for your interest in Faith Christian School. Enclosed are the registration materials that you requested.

After looking over the materials, if you wish to enroll your child in Faith Christian School, please fill out ALL the materials and return them to us, along with the appropriate fees. Upon receipt of all the fees and necessary papers, we will process your application. You will then hear from us regarding your acceptance into the Pre-School program or a testing date for Kindergarten through 8th grade students.

If you have any questions, please feel free to contact the school and we will be happy to answer them for you.

We know each other.....

All Because of Calvary,

Ted Martens, Ph.D.
Administrator

Tuition & Fee Schedule 2012-2013

Kindergarten through Eighth Grade

	<u>Tuition Per Year</u>		<u>Tuition Per Month</u>	
	<u>Credit Card</u>	<u>Cash/MO/Check</u>	<u>Credit Card</u>	<u>Cash/MO/Check</u>
1 Child	\$5,200.00	\$5,100.00	\$520.00	\$510.00
2 Children	\$9,920.00	\$9,820.00	\$992.00	\$982.00
3 Children	\$14,440.00	\$14,340.00	\$1,444.00	\$1,434.00
4 Children	\$18,840.00	\$18,740.00	\$1,884.00	\$1,874.00

Other Fees

***Registration Fee -- \$150.00 per child (non-refundable)**

***Book and Supply Fee -- \$200.00 per child (non-refundable)**

***Activity Fee -- \$35.00 per child (non-refundable). This will cover the cost of 2 class field trips and the last day picnic. There will be no additional fees for these activities during the year. Your only requirement will be to sign the necessary permission slips for the activities. (non-refundable)**

***Info Direct Fee – \$25.00 per year/per child. Once again this year, there will be no charge to the parents for this service. FCS will again be covering the cost for all families, as we continue to learn all the benefits Info Direct is capable of providing and as parents become familiar with all it offers.**

***Door Chip Deposit-- \$3.00**

***Student Accident Insurance -- \$20.00 (billed to your account in July)**

***Registration Fee, Book and Supply Fee, Activity Fee, and Door Chip Deposit are all due at the time of registration.**

Note: Registration Fee, Book and Supply Fee, Activity Fee, and First Month's Tuition are NON-REFUNDABLE.

Kindergarten - 8th grade is on a 10-month payment plan. The payments begin in July and go through April. Accounts that are paid in full on or before July 10th will receive a 2% discount.

We accept credit card payments (**VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER**). If you want to make a tuition payment by credit card, you are able to do that in person in the main office through Mrs. Murkli.

There is a discounted tuition rate for those who desire to make payment with cash, MO, or check (see above.)

Beginning June 1st, the registration fee will increase to \$200.00 and the book and supply fee will increase to \$250.00

New Student Check List
For Students Entering 1st – 5th Grade

Please complete a separate form for each child

Full Name of Student _____ Grade Entering _____

Parent's or Guardian's Names _____

Each of these items must be returned before your child's application can be processed.

Forms:

- _____ Registration Card (be sure the back is signed)
- _____ Medical Treatment/Financial Responsibility/Cooperation/Policies and Procedures
- _____ Application for Private School Transportation
- _____ Medical History Record
- _____ Official, Up-to-date Immunization Record
- _____ Loan of Textbooks Form
- _____ Request for Transfer of Student Records

Fees:

- Registration Fee
_____ \$150.00 (increases to \$200.00 on June 1st)
- Book and Supply Fee
_____ \$200.00 (increases to \$250.00 on June 1st)
- Activity Fee
_____ \$35.00
- Key Fob
_____ \$3.00 each

Return this page along with all of the above mentioned forms/fees
Registration will not be processed if all of the above are not returned

Faith Christian School

Registration Card

School Year 2012-13

Grade to Enter _____

Student's Name _____

Address _____

Age _____ Birth Date ____/____/____ Gender _____

Home Phone (_____) _____ Father's Mobile Phone (_____) _____

Mother's Mobile Phone (_____) _____

School Attended Last Year _____

Address _____

Father's Name _____

Father's Employer _____ Father's Work Phone _____

Mother's Name _____

Mother's Employer _____ Mother's Work Phone _____

E-mail Address _____

Has Student Failed any Grade? _____

Church Now Attending _____ Attend Sunday School? _____

Emergency Contact: Responsible Adult to Contact if Parents Can't be Reached

Name _____ Phone _____

Name _____ Phone _____

Reason for Selecting this School _____

School Recommended By _____

Faith Christian School

2111 Kuser Road*Hamilton Sq., NJ 08690*(609)585-3353

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my child's physician and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for my child(ren).

FINANCIAL RESPONSIBILITY

I have read and agree to comply with the financial policies stated in the Parent/Teacher Handbook. I understand and agree to pay for all tuition and fees for services received as outlined in the Parent/Teacher Handbook.

STATEMENT OF COOPERATION

*We sincerely pledge our loyalty to the aims and ideals of Faith Christian School and will bring any and all questions and criticisms directly to those responsible so that they may be properly considered by those in authority.

*We agree to cooperate fully with the goals, objectives, and policies as stated in the Parent/Teacher Handbook.

*I, the undersigned, acknowledge that I have read, and that I understand and agree to follow the policies as stated in this document.

* If you **HAVE NOT read** the handbook, please do not sign below. If you **DO NOT agree** to follow the policies contained in the handbook, please enroll your child at another school.

PERMISSION FOR PHOTO RELEASE

Faith Christian School occasionally uses photographs of students in marketing materials. I give permission for my child's picture to be included in such publications.

Child's Name _____ Grade _____

Parent's Signature

Date

Faith Christian School
2111 Kuser Road
Hamilton, NJ 08690
Phone: 609-585-3353 – Fax: 609-581-2038

Medical History Record

Name _____ Sex _____ Date of Birth _____

Address _____ City _____ State _____

Parent or Legal Guardian	Employer
Father:	
Mother:	

Allergies _____ (Do not list food preferences here)

This allergic reaction involves:

_____ Anaphylaxis** _____ swollen lips, tongue, throat**
_____ wheezing or difficulty breathing** _____ hives** _____ other _____

Is this allergy is life threatening? Yes _____ No _____

****PLEASE NOTE THAT IF YOUR CHILD HAS AN ALLERGY THAT INVOLVES ANAPHYLAXIS OR ANY OF THE SYMPTOMS OF ANAPHYLAXIS, AN EPI-PEN WILL BE REQUIRED AT SCHOOL. THE EPI-PEN MUST BE IN SCHOOL BEFORE THE CHILD WILL BE ALLOWED TO START SCHOOL.****

Past History: Please check and give age and year if your child has had any of the following:

Hepatitis _____	Asthma _____	Diabetes _____
Lyme Disease _____	Seizures or Epilepsy _____	Heart Disease _____
Scarlet Fever _____	Eye Trouble _____	Behavior Problems _____
Strep Infections _____	Rheumatic Fever _____	Injuries _____
Mononucleosis _____	Chicken Pox _____	Operations _____
Pneumonia _____	Ear Infections _____	Other _____

Is your child currently taking medication? Yes ___ No ___ If yes, please list (drug name, dosage taken and time taken) _____

Will it be necessary for your child to take medication at school? Yes ___* No ___

*A Request for Administration of Medication during the school day must be completed by your child's physician prior to the administration of **any and all medications**. Please note that medications must be in the original container with the pharmacy dosing label attached.

Is your child currently receiving treatment for a medical or physical condition? Yes ___ No ___
If yes, please explain _____

An official, signed, stamped copy of your child's immunization record is required prior to the start of school. Failure to comply with the New Jersey state immunization law will prevent your child from attending school. Please feel free to contact the school nurse if you have any questions.

Date: _____

Signature: _____

SCHOOL YEAR 2012-13

**INDIVIDUAL PUPIL REQUEST FORM
"LOAN OF TEXTBOOKS"**

DATE: _____

Public School District: HAMILTON TOWNSHIP BD. OF EDUCATION
90 PARK AVE.
HAMILTON, NEW JERSEY 08690

NON PUBLIC SCHOOL Faith Christian School

ADDRESS: 2111 Kuser Road
Hamilton, NJ 08690

NAME OF PUPIL: _____

GRADE (2012-13) _____

NAME OF PARENT _____

Under the provisions of NJSA 18A:58-37.1 et seq., I hereby request the Hamilton Township (Public School District) to loan textbooks to the above Non Public School in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the Board of Education of the Public School District in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to nonpublic school pupils pursuant to law regulations.

Signature of Parent/Guardian _____

Date _____

(Revised 1/20/05)

RELEASE OF SCHOOL INFORMATION

Federal legislation (PL93-380) makes it mandatory that written consent from parents or legal guardians of students be obtained before any school records can be released.

In order to avoid delays in forwarding records, we ask that you complete the following written consent form authorizing release of complete transcripts, test scores, attendance data, health records, medical evaluations, and other information contained in a cumulative folder.

It is understood that information forwarded will not be sent to any other persons or agencies other than those listed below without written parental consent.

I hereby authorize: _____ School

to release the information indicated above related to:

Student's Name: _____

Student's Name: _____

Student's Name: _____

To: FAITH CHRISTIAN SCHOOL
2111 KUSER RD.
HAMILTON SQUARE, NEW JERSEY 08690

Purpose: Transfer

Signature of Parent/Guardian _____

Date _____

Important Information Regarding Bus Transportation Forms for Students Who Live in Trenton and Will Be Registering for the 2012-13 School Year

The Trenton Board of Education requires proof of residency (phone bill, light bill, lease, etc. – something that clearly shows your name and address) in order for your child to be considered for bus transportation or aid in lieu of transportation.

If you live in the Trenton school district, you **MUST PROVIDE** proof of some type that you indeed live within the city of Trenton. Please be sure to attach the required proof to your transportation form when returning your registration materials for the 2012-13 school year. If you do not provide proof of residency, your form will not be submitted to the Trenton Board of Education and there will be no bus service or reimbursement available to you.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please complete the entire form above the section marked "FOR PUBLIC SCHOOL USE ONLY".

1. Be sure to include the name of the public school district in which you live. (If your child attended public school, would it be Hamilton, Trenton, East Windsor, Upper Freehold, etc.)
2. FCS phone number is 609-585-3353
3. FCS address is 2111 Kuser Rd., Hamilton, NJ 08690
4. Be sure to include the distance from your home to FCS
5. School opens 8/20/12 and closes 6/3/13
6. School hours are 8:30 A.M. to 3:10 P.M.
6. Signature of parent or guardian (required for processing).

PLEASE TAKE NOTE: The public school districts will not process any applications that are incomplete. Please fill in each blank. **It is imperative that you identify the public school district in which you live so that we submit your form to the proper district.** Failure to complete this section can lead to your form being sent to the wrong district and, therefore, a delay in receiving a bus pass or reimbursement.

Bus Transportation Form

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Office of Student Transportation

(B&T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION
Please submit a separate application for each child to the private school

NJS0070081200
D-02-02894

SCHOOL YEAR 2012 - 20 13 RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN _____ DAYTIME PHONE () _____

HOME ADDRESS _____ CITY OR TWP. _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED Faith Christian School PHONE (609)585-3353

ADDRESS OF SCHOOL 2111 Kuser Rd., Hamilton, NJ 08690

STUDENT GRADE FOR COMING YEAR _____ DISTANCE FROM HOME TO SCHOOL _____
(MEASURED BY SHORTEST PUBLIC HIGHWAY OR RAILROAD IN MILES AND TENTHS)

DATE SCHOOL OPENS 8/20/12 CLOSSES 6/3/13 SCHOOL HOURS FROM 8:30 A.M. TO 3:10 P.M.

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION
_____ INELIGIBLE _____ (REASON)

DATE 1/1 SIGNATURE _____ TITLE _____