

# 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

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## 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 - 8<sup>th</sup> 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 10<sup>th</sup> 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 1<sup>st</sup>, 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 6<sup>th</sup> - 8<sup>th</sup> 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
- \_\_\_\_\_ Pastor's Reference
- \_\_\_\_\_ Teacher's Reference

**Fees:**

- Registration Fee
  - \_\_\_\_\_ \$150.00 (increases to \$200.00 on June 1<sup>st</sup>)
- Book and Supply Fee
  - \_\_\_\_\_ \$200.00 (increases to \$250.00 on June 1<sup>st</sup>)
- 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 2011-12**

**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 \_\_\_\_\_



Please answer these questions as completely as possible.

1. How long have you known the applicant?
  
2. How often does the applicant and his/her family attend your church?
  
3. What do you believe are the applicant's greatest strengths?
  
4. What do you believe are the applicant's greatest weaknesses?
  
5. If you were the administrator of a private Christian school would you have any reservations about allowing this student to attend your school? If yes, what would they be?
  
6. Additional Comments:

Pastor's Signature \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



## Parental Support

- \* Parents are Easily Accessible 1 2 3 4 5
- \* Parents are Supportive in Working Through Issues 1 2 3 4 5
- \* Parents Remain Involved and Interested in the Student's School Life 1 2 3 4 5

## Behavior Progress

- \* Responds Immediately to Adult Instruction 1 2 3 4 5
- \* Exercises Self-Control 1 2 3 4 5
- \* Is Dependable and Trustworthy 1 2 3 4 5
- \* Accepts Criticism 1 2 3 4 5
- \* Chooses Right From Wrong 1 2 3 4 5
- \* Shows Fine Class Attitudes 1 2 3 4 5
- \* Talks at Appropriate Times 1 2 3 4 5

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Please answer these questions as completely as possible.

1. What do you believe are the applicant's greatest strengths as a student in your class?
  
  
  
  
  
  
  
  
  
  
2. What do you believe are the applicant's greatest weaknesses as a student in your class?
  
  
  
  
  
  
  
  
  
  
3. If you were the administrator of a private Christian school would you have any reservations about allowing this student to attend your school? If yes, what would they be?
  
  
  
  
  
  
  
  
  
  
4. Additional Comments:

Teacher's Signature \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

## **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**

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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-02-02504

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 VIA SHORTEST PUBLIC HIGHWAY OR RAILROAD IN MILES AND TENTHS)

DATE SCHOOL OPENS 8/20/12 CLOSES 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 \_\_\_\_\_