



Dear 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, 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.

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

Love God--Love Others,

Pastor Lance Walker  
Administrator

# Tuition & Fee Schedule 2018 -2019

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## Kindergarten through Eighth Grade

	<u>Per Year</u> <u>Cash/MO/Check</u>	<u>Per Month</u> <u>Cash/MO/Check</u>
1 Child	\$6,400.00	\$640.00
2 Children	\$12,120.00	\$1,212.00
3 Children	\$17,640.00	\$1,764.00
4 Children	\$23,040.00	\$2,304.00

**New Student Registration Fee -- \$75.00 per child \***

**New Student Testing Fee -- \$50.00 \***

**Book/Supply/Technology Fee -- \$350.00 per child \***

**Activity Fee -- \$50.00 per child \***

**Key Access Tag -- \$5.00**

**\*All fees are due at the time of registration. These fees and the first month's tuition are all 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 (**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. Stoveken or through the online portal.

**New Student Check List**  
**For Students Entering Kindergarten – 5<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 the following items must be completed before your child's application can be processed:

- \_\_\_\_\_ Registration Card
- \_\_\_\_\_ Medical Treatment/Financial Responsibility/Statement of Cooperation
- \_\_\_\_\_ Medical History Record
- \_\_\_\_\_ Universal Child Health Record
- \_\_\_\_\_ Official, Up-to-date Immunization Record
- \_\_\_\_\_ Release of School Information (1<sup>st</sup> - 5<sup>th</sup>)
- \_\_\_\_\_ Loan of Textbooks Form
- \_\_\_\_\_ Application for Private School Transportation
- \_\_\_\_\_ Copy of Child's Birth Certificate  
(child must be 5 years old by September 30, 2018, in order to be enrolled in Kindergarten for the 2018-2019 school year)
- \_\_\_\_\_ Registration Payment \$525.00 (Includes New Student Registration, Testing, Book/Supply/Technology, and Activity Fees)
- \_\_\_\_\_ Access Key Tag (\$5.00 each due before school begins)

# Faith Christian School

## Registration Card

School Year 2018-19

Grade Entering \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Father's Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

School Attended Last Year \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Name of Principal \_\_\_\_\_ Contact Phone or Email \_\_\_\_\_

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, 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 Handbook and Faith Baptist Church Doctrinal Statement (located on the church website [www.FBCchurch.org](http://www.FBCchurch.org)).

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

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.

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

*I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

# 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 the 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 \_\_\_\_\_



**SCHOOL YEAR 2018-19**

**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 (2018-19): \_\_\_\_\_

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 12/20/16)

## **Important Information Regarding Bus Transportation Forms for Students Who Live in Trenton and Will Be Registering for the 2018-19 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 2018-19 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. Be sure to include the distance from your home to FCS
3. 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

**(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

Please submit a separate application for each child to the private school

SCHOOL YEAR 2018-2019

RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F AREA CODE + NUMBER

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'S GRADE FOR THE COMING YEAR \_\_\_\_\_ SHORTEST ONE-WAY MILEAGE \_\_\_\_\_  
BETWEEN HOME AND SCHOOL (MEASURED VIA THE SHORTEST ROUTE  
ALONG PUBLIC ROADWAYS OR  
WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS 08/29/18 CLOSES 06/07/19 SCHOOL HOURS FROM 8:30 AM TO 3:10 PM  
MILES TENTHS

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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.