



Enrollment/Re-enrollment Procedures

First Baptist Academy has something special to offer the community. It is designed to meet the educational needs of students who desire an outstanding education within a Christian environment.

Steps to secure placement for your child:

1. Complete the entire Enrollment packet. Health requirements form must be signed by a doctor or a form from the doctor's office must be provided for returning students.
2. Provide the school with a copy of your child's complete and current immunization record even if your child is a current FBA student.
3. Return forms to the school with your registration fee.
4. Should we not be able to accommodate your child, your registration fee will be refunded.

State regulations require the same paperwork every year, whether you are enrolling your child for the first time or re-enrolling for a new year.

Note: In order for a class session to be held, we must have at least 10 students enrolled in that class.

TUITION AND FEE SCHEDULE

2024-2025 (as of 7/27/23)

Number of days	Registration Fee (Cash)	Registration Fee (Credit)	Curriculum Fee (Cash)	Curriculum Fee (Credit)	Annual Tuition (Cash/Check)	10 Monthly Payments Aug-May (Cash/Check)	\$ Annual Tuition Credit/ Paypal	10 Monthly Payments Aug-May Credit/ Paypal
2 day	\$195	\$205	\$50	\$60	\$2350	\$235	\$2450	\$245
3 day	\$215	\$225	\$50	\$60	\$3450	\$345	\$3550	\$355
4 day	\$245	\$255	\$50	\$60	\$4400	\$440	\$4500	\$450
Kindergarten 4 day	\$245	\$255	\$50	\$60	\$4700	\$470	\$4800	\$480

Classes offered:

Toddlers 2 day Monday/Wednesday or Tuesday/Thursday
4 day Monday-Thursday

Twos 3 day Tuesday-Thursday
4 day Monday-Thursday

Threes 3 day Tuesday-Thursday
4 day Monday-Thursday

Pre-K 3 day Tuesday-Thursday
4 day Monday-Thursday

Kindergarten
4 day Monday-Thursday

REGISTRATION AND CURRICULUM FEE ARE DUE AT TIME OF REGISTRATION

These are **non-refundable fees** that secure your child's place at First Baptist Academy. Your child's spot is not reserved until we receive the registration and curriculum fees and the enrollment paperwork.

DISCOUNTS

Family Sibling Discount

First child pays full tuition; second sibling receives a 10% discount, third receives a 15% discount.

Annual Payment Discount

A 5% discount is given when tuition is paid in full with cash or check by September 10th.

TUITION PAYMENTS

Tuition is paid in 10 monthly payments made August through May.



2024- 2025 School Calendar

August 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August

- 6-7 Required Teacher Work Days
- 8 Meet the Teacher 10-11 am
- 12 First day of school for Monday classes
- 13 First day of school for Tuesday classes

September

- 2 Labor Day
- 23- October 3 Book Fair

October

- 3 Open House (6:30-7:30 pm)
- 7 Columbus Day

November

- 6 Veteran's Chapel
- 25-29 Thanksgiving Break

December

- 19 Christmas Program (9:30 am) Early Release
- 20-31 Christmas Break

January

- 1-5 Christmas Break
- 6 School resumes
- 20 MLK Day

February

- 17 President's Day
- 27 Dinner and Auction Fundraiser

March

- 10-14 Spring Break

April

- 21 Easter Monday Holiday

May

- 8 Teacher Appreciation & Early Release
- 22 Last Day of School & Early Release

January 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16		18	19	20	21	22
23	24	25	26	27	28	

March 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19		21
22						28
29						

School Holidays

Teacher Work Days

Special Events



FOR OFFICE USE ONLY
Application Date _____
Date to Enter _____
Grade to Enter _____

Preschool & Kindergarten Student Application

Student

Date _____

Full Name _____
Last First Middle Preferred

Gender: Male Female

Grade Applying For _____ For School Year: 202__ - 202__

Date of Birth _____ Age _____

Father

Full Name _____ Home Phone _____
Last First Middle

E-mail _____

Address _____

City _____ State _____ Zip _____

Employer _____ Position _____

Work Phone _____ Cell Phone _____

Religion _____ Place of Worship _____

Mother

Full Name _____ Home Phone _____
Last First Middle

E-mail _____

Address _____

City _____ State _____ Zip _____

Employer _____ Position _____

Work Phone _____ Cell Phone _____

Religion _____ Place of Worship _____

Parent's Signature _____

Medical History

Please describe any illnesses, disease or physical disabilities that either have affected or may affect your child's general health, his/her schoolwork or his/her participation in physical education. _____

Have any behavioral, psychological or educational evaluation of your child been performed (i.e. testing for learning difficulties, disabilities or ADHD (Attention Deficit Hyperactivity Disorder)? Yes No

Is your child now or has he/she been under the care of a psychologist/psychiatrist? Yes No

If yes, please explain _____

List any special problems your child may have such as allergies, existing illness, and injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of. _____

Emergency Contacts (other than parents)

Name _____ Hm Ph _____ Wk Ph _____

Emergency Medical

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the administration of First Baptist Academy to take my child to: _____
Licensed Physician

Address _____

City _____ State _____ Zip _____ Phone _____

Or to _____ Hospital. I give consent to this facility to secure any and all necessary emergency medical care for my child.

Consent of Parent/Guardian:

Parent/Guardian: _____ Date: _____

Student Description

How did you learn about First Baptist Academy? _____

Please describe your child as objectively as possible. Include ways, general and specific, you expect your child to benefit from a First Baptist Academy education.

Parent's Signature _____

Health Requirements

Admission requirement: One of the following must be presented when your preschool-age child is admitted to the preschool facility within one week of admission.

Check to indicate the option you select:

- Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the preschool program.

Physician's Signature _____

Date _____

- A form or written statement from a health service or clinic.

If you do not have any of the above:

- Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the preschool program. Within the next 12 months I will obtain a physician's statement or a form or statement from a health service or clinic and will submit it to the academy.

- My child has an appointment for a physical examination. I will submit the physician's statement following the examination.

Parent/Guardian Signature: _____ Date: _____

YOU MUST HAVE A MACHINE COPY OF AN IMMUNIZATION RECORD SIGNED OR STAMPED BY A PHYSICIAN OR HEALTH PERSONNEL.

Parent's Signature _____

Does your child have any of the following?

1. A sensitivity to food or anything else they might come in contact with at school?

Yes _____ No _____ If yes, please explain

2. Does your child have an intolerance to food or anything else they might encounter at school?

Yes _____ No _____ If yes, please explain

3. Does your child have an allergy that has been diagnosed by a doctor?

Yes _____ No _____ If yes, please explain

If your child has an allergy diagnosed by a doctor, we must have an action plan for what to do if he/she comes in contact with the allergen. This is a new state requirement. Attached is a sample form or your doctor may have his/her own form.



Student Emergency Card

For Office Use Only:
Grade _____
Teacher _____

Name: _____
LAST FIRST MIDDLE PREFERRED

Address: _____
Street City Zip

Phone: _____ DOB: ___/___/20___ Gender: M F

Email Address: _____
Please Print Legibly

STATE REQUIRED

EMERGENCY CONTACT INFORMATION:

MOTHER: _____ PHONE: _____

ADDRESS (If different) _____

FATHER: _____ PHONE: _____

ADDRESS (If different) _____

DOCTOR: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACTS APPROVED TO TAKE CHILD FROM SCHOOL
(Other than parents)

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

ADDITIONAL PERSONS APPROVED TO TAKE CHILD FROM SCHOOL

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____



AGREEMENT OF COMPLIANCE

Initial

- _____ I (we) are fully aware of our commitment as parents/guardians to uphold the school consistently in prayer, and to take all of our questions and concerns through proper channels of authority.
- _____ I (we) understand that tuition does not cover all the operating expenses of the school. Therefore, I (we) will endeavor to help meet the financial needs of the Academy with our support of school fundraisers and with gifts as the Lord provides and leads.
- _____ I (we) understand that I (we) will provide meals from home and that F.B.A. is not responsible for its nutritional value or for meeting my/our child's daily food needs.
- _____ I (we) understand that tuition is due on the 1st of the month and late after the 10th. A late fee of \$15 will be charged on the 11th as well as a \$1 a day fee until the payment has been received.
- _____ I (we) understand that F.B.A. will notify me of policy changes through email, special notes and weekly newsletters.
- _____ I (we) understand that attendance and promptness are very important in the education of my child.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

This form cannot be changed or modified by parent/guardian.



First Baptist Academy a ministry of First Baptist Church

School Activities

Permission is hereby granted for my child to use all of the play equipment and participate in all the activities of First Baptist Academy. Permission is hereby granted for my child to leave the school under the supervision of a staff member and/or parent chaperons for field trips in an authorized vehicle. It is further agreed and understood that First Baptist Academy nor its staff or employees shall have any liability for any accident or injury incurred as the result of the use of any play equipment of the school or while off the school premises on an authorized excursion or field trip in an authorized vehicle under the supervision of a staff member, unless such accident and / or injury is the result of the gross negligence of the School and / or its employees in discharging its responsibilities.

Child's Name _____ Grade _____

Signature _____ Date _____

Emergency Care

Permission is hereby granted for First Baptist Academy to take whatever steps may be necessary to obtain such emergency care as determined by the Director. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form completed at the time of registration.
3. Attempt to contact the child's physician.
4. Transportation to the emergency room of any hospital by such means as the Director seems advisable.

In the event of an emergency in which I cannot be reached, the physician, as listed on the application form, and the local hospital are hereby authorized to provide any emergency treatments that are deemed necessary for my child. I also authorize the transfer of my child's health record to the hospital.

Signature _____ Date _____



Photograph Release

I, _____, the parent/guardian of
_____ give permission for the
following:

- Allow my child's photograph to be displayed in school publications, and for school display including our Facebook Page.
- Allow my child's photograph to be added to the First Baptist Church website. This will be candid photos for parents to view on the website.
- Do not allow any of the above.

Signature _____ Date _____

Signature _____ Date _____



Handbook Receipt

I (We) the parents/guardians of _____
acknowledge having received the Student-Parent Handbook,
including the school's Emergency Preparedness Plan, and agree
to support all of the policies and procedures outlined in it.

Parent/Guardian Signature: _____ Date: _____

Please sign and return to the front desk.