

Please indicate all that apply:

PRE-SCHOOL STUDENTS:

- 3 DAY: Mon Tues Wed Thurs Fri
 5 DAY: Full Time (anytime between 7am & 6pm) 9 a.m – 3 pm
 OTHER: Please specify: _____

GRADE SCHOOL STUDENTS:

- I will need to use *Before & After Care* for my grade school student:
 Yes No

PERSONS PERMITTED TO PICK UP STUDENTS

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

EMERGENCY/ MEDICAL INFORMATION

We are required by law to have two emergency contacts (other than parents) on file

CONTACT #1: Name:	Phone #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work ()
Address:	Relationship to Student:
CONTACT #1: Name:	Phone #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work ()
Address:	Relationship to Student:
IN CASE OF AN EMERGENCY AND YOU CANNOT BE REACHED, do you give permission to FRCS to have your child(ren) Treated by a doctor or emergency personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor's Name:	Phone Number: ()
Doctor's Office: (complete mailing address)	
Does your child wear (Please list student name): _____ glasses? _____ contacts? _____ braces? _____ retainers? _____ hearing aids? _____ other?	
Allergies: Please list student name(s) and allergy:	
In case of an allergic emergency (if allergies are listed), what specific action do we take?	
Medications needed (please list student name and medication – Medication Authorization Form <i>MUST</i> be filled out):	
I give permission for school personnel to give my child the following medications when needed: <input type="checkbox"/> Tylenol <input type="checkbox"/> Motrin <input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Benadryl Allergy <input type="checkbox"/> Please call first	
Date last tetanus shot (please list student name and date)	
Any special physical needs or limitations:	

GRANDPARENT INFORMATION: Because we honor the importance of grandparents in your child's life please furnish the following information:

Full Name(s) of Maternal Grandparents: _____

Complete Address: _____

Phone: (_____) _____ Email: _____

Full Name(s) of Paternal Grandparents: _____

Complete Address: _____

Phone: (_____) _____ Email: _____

CHURCH INFORMATION:

Church Now Attending:	Pastor's Name:
Church Address:	Church Phone Number:

LOCAL FIELD TRIP INFORMATION (For the 2011-2012 school year; within the county)

Please list all student names:

I, _____, give my permission for _____
Parent's name student(s) names

to accompany Front Royal Christian Schools to any local setting for a field trip. I give my permission for my child to receive any emergency medical attention that might be necessary. I understand that I am responsible for any medical expenses that are not covered by my insurance in emergency situations. I also understand that if I have no insurance (self-pay), that I am fully responsible for any medical expenses in emergency situations. I agree to pay for any and all field trip expenses of \$15 or less. If the cost is more than \$15, I understand that I will be notified and billed for any additional field trip expense.

My insurance company is _____

My policy number is (if SSN, last 4 only) _____

Parent's/Guardian's signature _____ Date _____

PUBLICATION/PHOTO RELEASE: Your signature is required below – please read carefully.

RenWeb can exhibit a directory of parents to be viewed and used by other parents. You may elect to have your information "unlisted". Your address and phone number will be available for other parents in your child's class unless you indicate otherwise below.

I would like to remain "unlisted" from the directory

In addition, at times, the school may solicit various media outlets for coverage of school events and students. FRCS publishes a website, a newsletter, school videos, and other school publications and presentations. **We ask you to read the following statements and mark any restrictions, if you wish to opt out of any use of your child's image over which we have control and then sign and date below. If you do not mark any restrictions, please check the box that gives your approval and sign and date below:**

- Please DO NOT use my child's photograph in the school's various publications (with the exception of the school yearbook).
- Please DO NOT use my child's photograph on the school's website.
- Please DO NOT use my child's photograph in print advertising.
- Please DO NOT allow my child to be seen in television advertising.
- Please DO NOT allow my child to be seen in a video presentation of FRCS.

I GIVE MY APPROVAL for using my child's image for publications, etc. over which FRCS has control.

Parent's/Guardian's Signature _____ Date _____

TUITION POLICIES:

Tuition Collection Policies for 2011-2012

Front Royal Christian Schools use the Pay Easy Services offered by RenWeb. This plan involves the use of electronic fund transfers from the family's specified bank account or credit card. Accounts will be billed on the 20th of the month for the following month's tuition. There will be convenience fees that apply.

The Pay Easy payment form must be completed and submitted to the school office at the time of registration.

Parents may also elect to pay with a check or cash directly to the school and must be paid by the 1st of the month. Accounts 5 days late (on the 5th of the month) will incur a \$35.00 late fee and be required to enroll in the Pay Easy payment option.

Tuition Refunds/Withdrawals

Once enrolled and accepted, each student who withdraws prior to the last day of the school year will have his/her tuition prorated based on the actual number of days he/she is enrolled plus be assessed a withdraw fee of \$450.00 for Pre-K thru 12th grades. Fees are nonrefundable.

Referrals

We were referred by: _____

FAMILY PAYMENT INFORMATION:

THREE TUITION PAYMENT OPTIONS ARE AVAILABLE. PLEASE INDICATE YOUR CHOICE BELOW:

Option 1 – July 1st thru August 20th Payment in Full

Option 2* - 10-month plan (August – May) through Pay Easy

Option 3** – 10-month plan (August – May) Cash or Check

Billing begins on August 20th

Billing begins on August 20th

ALL Payments are due by the 1st

*convenience fees will be incurred for each transaction

**delinquent accounts (5 days late) would incur a late fee of \$35.00 and the account *must* then be enrolled in the Pay Easy Option.

We certify that all the information on this application is correct. We have read and agree to abide by the tuition policies of Front Royal Christian schools, and will make full payment for services received.

Father's (Guardian) signature & date

Mother's (Guardian) signature & date

MISSION STATEMENT

Front Royal Christian Schools is an evangelical, non-denominational school, dedicated to provide a structured learning environment for academic excellence with the declared purpose of developing students who are spiritually, personally, and intellectually prepared to serve God, family, and community for the glory of God.

Front Royal Christian Schools will admit students of any race, color, religion and ethnic origin to all the rights, privileges, programs and activities made available to students at the school