



Current or Most Recent School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Has your child ever repeated a grade? **Y** **N** If yes, which grades? \_\_\_\_\_

Has your child been suspended from or asked to leave a school? **Y** **N**

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child eligible to return to all previously attended schools? **Y** **N**

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Please describe any illnesses, diseases, or physical disabilities that either have affected or may affect your child's general health, his/her schoolwork, or his/her participation in athletics.  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies that we should know about? **Y** **N**

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

How did you learn about First Baptist Academy? \_\_\_\_\_

Why do you want your child to attend First Baptist Academy? \_\_\_\_\_  
\_\_\_\_\_

Please check all media sources in which FBA has your permission to publish a picture of your child:

( ) FBA or FBC Website ( ) FBA or FBC Facebook ( ) Public Advertisements

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment and Tuition Agreement

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

Please read the agreement below, but do not complete this form. It will be filled out by an administrator during enrollment.

Extended Care ( ) 7am-4pm

Yearly Tuition \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_ Reason for Discount \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Yearly Tuition after Discount/Scholarship \$ \_\_\_\_\_

( ) 10 Month Payment Plan ( ) 12 Month Payment Plan

( ) Continue Tuition Express

Monthly Tuition Payment \$ \_\_\_\_\_

### Tuition Billing

#### *10 Month Payment Plan*

First Baptist Academy tuition is a yearly fee. For your convenience tuition is divided into 10 equal, monthly payments. The monthly tuition payment amount will be applied to your account on the first of each month (August-May). August tuition payment is due at the time of your enrollment appointment. **Each monthly payment, September-May, is due on the first school day of the month.** Tuition payments should be made on or before the first school day of each month. If tuition is not paid before the 10<sup>th</sup> of the month, a \$20 late fee will be applied to your account. **If tuition is not paid on or before the 15<sup>th</sup> of the month, your child will be disenrolled from FBA.**

#### *12 Month Payment Plan*

The 12 month payment option is only available for accounts which are payed through a Tuition Express account. Tuition Express will automatically process payments on the 1<sup>st</sup> of each month.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

First Baptist Academy

505 Rollingbrook  
Baytown, TX 77521  
(281) 420-2740

Health Statement

\_\_\_\_\_ has been examined by me and is able to participate in the FBA program. He /she is currently up to date on immunizations required for a child attending school in the state of Texas. **Attach current shot record.**

\_\_\_\_\_ date of exam

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (Type/Print)

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

Please list any of the child's special needs

\_\_\_\_\_  
\_\_\_\_\_  
**This form must be signed by a physician in order for your child to begin school.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

<b>Name of Day Care Facility Owner or Director</b> Nombre del Dueño o Director del Centro de Cuidado de Niños  First Baptist Academy Robin Cunningham Administrator
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to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

\_\_\_\_\_  
Signature-Parent or Legal Guardian  
Firma-Padre o Tutor

\_\_\_\_\_  
Date/Fecha

# Permission to Pick Up

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

List the names of all relatives and friends who may pick your child up from school. Please be sure to include your name and your spouse's name. Please indicate to the right of the phone number whether or not each person is allowed to receive medical and academic information about your child.

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

\_\_\_\_\_  
Legal Name (as it appears on license)                      \_\_\_\_\_ ( ) Y ( ) N  
Phone Number

Parent's Signature _____ Date _____
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