Academy

Anchored in Jesus - Philippians 1:6

A Ministry of
First Baptist Church
350 Highway 96 South
Silsbee, Texas 77656
(409) 385-2819

STUDENT NAME: _____

2024-2025 New Student Enrollment Packet

Welcome to FBC Academy! We are thrilled you have chosen to partner with us for your child's education. All required paperwork must be completed and submitted with all fees paid in full to secure a spot for your student. Enrollment status will be determined once all paperwork is submitted. We encourage you to submit your child's enrollment by **THURSDAY, MAY 2**.

To complete your Enrollment Packet:

- Place an "X" by the Student Group for this student.
- Circle the "Child #" for this student's registration.

2024-2025 Fee Schedule

"X"	STUDENT GROUPS	CURRICULUM	REGISTRATION per Family (circle the child #)	
	PreK 2.5 – PreK 3 (supply)	100.00	Child 1	$200
	PreK 4	150.00	Child 2	$200
	Kindergarten – Grade 8	300.00	Child 3	$100
	Grade 9	400.00	Child 4	$0

- Place an "X" by the PLAN(S) needed for this student.
  Family Plans are for additional children with the primary student being the oldest student.

Days and Hours Student will be in Care

	"X"	PLAN	TIME	TUITION	MONTHLY
PRESCHOOL		Preschool	8:00-12.00	2,880.00	288.00
		Preschool Family	8:00-12:00	2,630.00	263.00
		Preschool/Extended	8:00-5:00	4,130.00	413.00
		Preschool/Extended Family	8:00-5:00	3,880.00	388.00
GRADES		Kindergarten - Grade 9	8:00-3:30	4,750.00	475.00
		Kindergarten - Grade 9 Family	8:00-3:30	4,500.00	450.00
EXTRA SERVICES		EARLY DROP-OFF	7:00-7:30	$20.00/month	20.00
		STAY and STUDY Kindergarten – Grade 4	4:00-5:00	$100/month	100.00
		FRIDAY CAMP (34 Fridays)	7:00-5:00	$1,300.00	130.00

- Submit completed Admission Information, Emergency Health Form, Health Requirement Form, and an updated Immunization Record with payment of total fees to the FBC Academy office to secure a spot for your student. You will be notified of your student's enrollment status.
- You may pay with check or cash.

Please call the FBC Academy Office with any questions.

Admission Information

General Information

Operation's Name	Director's Name/Office Telephone Number
First Baptist Academy 350 HWY 96 South, Silsbee, TX 77656	Sunee Stephens (409) 385-2819 ext 730

Child's Full Name	Child's Date of Birth	Child's Gender
		O Male O Female

Parent or Guardian's Name

Child's Home Address	Child Lives With?
	O Both parents O Mom O Dad O Guardian

List phone numbers and email address below where parents or guardians may be reached while child is in care.

Mother's Area Code and Phone Number	Father's Area Code and Phone Number	Guardian's Area Code and Phone Number
Text Messaging Approval: O Yes O No Service Provider:	Text Messaging Approval: O Yes O No Service Provider:	Text Messaging Approval: O Yes O No Service Provider:
Mother's Email Address	Father's Email Address	Guardian's Email Address

Authorized Release Contacts

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone Number:
Name:	Area Code and Phone Number:
Name:	Area Code and Phone Number:

Enrollment Information

Date of Admission	Date of Withdrawal	Entering Grade Level	Days and times child will normally be in care
			Monday-Thursday 8:00-12:00 8:00-3:30 8:00-5:00

Initial each statement in acknowledgement

_____ Nutrition Release: I acknowledge that I will provide my child's meals and/or snacks from home and FBC Academy is not responsible for its nutritional value.

_____ Receipt of Written Operational Policies/FBC Academy Handbook: I acknowledge FBC Academy's student handbook which includes the facility's operational policies is available for viewing online at https://www.fbcsilsbee.org/academy. A hard copy may be requested by signing below.

_____
Signature – Parent or Legal Guardian

T-Shirt Size

Toddler	Youth	Adult
O 2T O 3T O 4T O 5T	O Small O Medium O Large	O Small O Medium O Large O Extra Large

Media Access Information

FBC Academy utilizes pictures and videos taken during classroom instructional time, special events, and other school activities to partner with our families and school communities. These pictures may be shared through social media platforms and used for FBC Academy promotional material. Answer the following statements to grant or deny permission of FBC Academy to use stated media.

I give permission for my child's work to be displayed through FBC Academy social media platforms.	O Yes O No
I give permission for photographs of my child to be displayed through FBC Academy social media platforms.	O Yes O No
I give permission for my child's name to be displayed through FBC Academy social media platforms.	O Yes O No

Internet Access for Kindergarten to 9th Grade

I give permission for my child to have supervised access to the internet.	O Yes O No

Child day care operations are public accommodations under the American with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

(Office Use) Grade/Teacher: _____

2024-2025 FBC Academy Student Emergency Health Form

PLEASE PRINT ALL INFORMATION

Child's Full Name	Gender	Age	Date of Birth	Home Phone Number

Parent/Guardian	Cell Phone	Employer	Phone
Parent/Guardian	Cell Phone	Employer	Phone

Child Lives With? O Both parents O Mom O Dad O Guardian

Emergency Contact Information (if parents/guardian cannot be reached)

Name of Emergency Contact:	Relationship:	Area Code and Phone Number:
Address:		
Name of Emergency Contact:	Relationship:	Area Code and Phone Number:
Address:		
Name of Emergency Contact:	Relationship:	Area Code and Phone Number:
Address:		

Child's Special Care Needs (check all that apply)

O Environmental allergies O Food Intolerances O Existing illness O Previous serious illness	O Injuries and hospitalizations (within the past 12 months) O Medications prescribed for continuous long-term use O Other: _____	Explain any needs selected

Does your child have diagnosed food allergies? O Yes O No Food Allergy Emergency Plan Submitted Date: _____

Current Health Problems

Current Medications

Will medication be kept on campus for distribution to child? O Yes O No	I acknowledge that a medication distribution form must be filled out and signed for the 2024-2025 school year. O Yes O No

Child's Medical History: (check all that apply)

O Blood Disorder O Diabetes O Ear or Hearing Problems O Eye or Vision Problems O Heart Disease O High Blood Pressure O Seizures

O Other **Explain:** _____

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____ _____

Signature – Parent or Legal Guardian **Date Signed**

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STUDENT NAME: _____

BIRTHDATE: _____

Health Requirement Form

Admission Requirement

One of the following must be presented when your child is admitted to FBC Academy or within one week of admission. (*select only one option*)

○ Health Care Professional's Statement:
I have examined the above-named child within the past year and find that he or she is able to take part in the childcare and/or school programs at FBC Academy.

○ A signed and dated copy of a health professional's statement is attached.

○ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of.
I have attached a signed and dated affidavit stating this.

○ My child has been examined within the past year by a health care professional and is able to participate in the childcare and/or school programs at FBC Academy.
Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to FBC Academy.

Name of Health Care Professional (if selected) | Address of Health Care Professional (if selected))

Signature – Health Care Professional | Date Signed

Signature – Parent or Legal Guardian | Date Signed