

FAITH OUTREACH ACADEMY

Does your child have Asthma? Yes No

Date	School Year	Grade to Enter	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Re-Enrollment
Student's Name	Last	First	Middle	
Street	City	State	Zip	Phone
Age	Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security Number	
Any Medical Conditions?				
Last School Attended		School Address		
Circle Grades Previously Attended at this school	K3	K4	K5	1 2 3 4 5 6 7 8 9 10 11 12
Father's Name	Employer	E-mail Address		
Work Phone #	Cell Phone #			
Mother's Name	Employer	E-mail Address		
Work Phone #	Cell Phone #			

If parents are separated or divorced, with whom does the child/children live?				
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
Student's Grades Have Been:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Has Student Failed Any Grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what grade or grades?	
Reason For Selecting This School	Does your child have any special academic needs?			
School Recommended By:				
If K-3 or K4 : Is your child trained to use bathroom facilities alone? ----- Yes ----- No				
Church Now Attending	Do You Attend Regularly?	Pastors Name		
Complete Address	Phone			
Does Student Attend A Youth Group?	Youth Pastor's Name			
Has student ever made a profession of faith?				
Emergency Contact (Someone other than the Parents)				
1.	2.	3.		
Physician's Name	Phone			
List two or more people that may pick up your child from school :				

(Grade 7th only) 1. Are you now or have you ever been under the supervision of a parole officer or under the custody of juvenile courts? _____
 2. Have you ever had a police record? _____ If so give dates and the complete name and address of the judge or probation officers.

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him or her complete the school year 2022-2023. It is my understanding that the policy of the school is to make **no refunds on registration or other fees**. I give Faith Outreach Academy permission for my child to take part in all school activities, including field trips, sports activities and school-sponsored trips away from the school premises. I release the school from liability to me or my child because of any injury to my child at school, in route to, or during school activity. I do, however, expect proper supervision of my child at all times. I have signed a Consent and Release Form. Should legal action, for any reason, be taken against Faith Outreach Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or any other costs that Faith Outreach Academy or its agents should incur to defend itself against such action. I confirm that I have carefully read the Consent and Release Form and know the contents thereof. I also understand that there may be pictures taken or videos of various events for publication in yearbook or possible television broadcasting. Payment dates will be strictly enforced; failure to comply may result in the suspension or dismissal of my child. Excessive tardiness, early releases or absences may lead to academic failure and ultimately dismissal. Negative actions and attitudes may result in dismissal. Faith Outreach Academy has the right to search students' lockers and belongings.

Violation of rules established in the handbook will be followed through with discipline in all cases. I have read the student handbook, and support the school's policies. Parents are required to attend all Parents - Teacher Meetings. Parents and students must adhere to the academy's dress policy. Parents must actively participate in volunteering and fund-raising. Misconduct or moral lapses in conduct of a student will be strictly disciplined to include dismissal. I understand that any misrepresentation on this application is grounds for dismissal from Faith Outreach Academy.

Parent/Guardian's signature _____

Student's signature _____

AUTHORIZATION FOR USE OF COMMENTS AND PICTURES OF STUDENTS

Faith Outreach Center Ministries, Inc. is hereby authorized to take or permit pictures and/ or video to be taken of my child,

for use by Faith Outreach Center Ministries, Inc. in publications, newspapers, newsletter, Facebook, Instagram, Yearbook, it's website, and/or on television and I expressly permit Faith Outreach Center Ministries, Inc. to use them in whatever school related manner the ministry deems appropriate.

This agreement contains all the understandings, oral and written, of the parties and supersedes all previous agreements. If any portion of this Agreement is found to be invalid or unenforceable, it shall not affect the balance of this Agreement. The law of the State of Florida will govern this agreement.

Dated this _____ day of _____, 20__

Student's Name

Parent/Guardian

Current Grade

FAITH OUTREACH ACADEMY
STUDENT'S MEDICAL & HEALTH RECORD

GENERAL INFORMATION:

NAME: _____ D.O.B. _____ SOC. SEC: _____ SEX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

FATHER'S NAME: _____ PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S NAME: _____ PLACE OF EMPLOYMENT: _____ PHONE: _____

FATHER'S/ S.S. NUMBER: _____ MOTHER'S/ S.S. NUMBER: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ WORK PHONE: _____

PHYSICIAN: _____ PHONE: _____ DATE OF LAST PHYSICAL: _____

PRIMARY INSURANCE: _____ POLICY NO: _____ PHONE: _____

DENTAL INSURANCE: _____ POLICY NO: _____ PHONE: _____

PAST HISTORY AND ALLERGIES:

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

___ Anemia ___ Migraine Headache

___ Asthma ___ Whooping Cough

___ Chicken Pox ___ Allergies

___ Epilepsy _____

___ Bleeding Tendency _____

___ Mumps

___ Diabetes

___ Hay Fever

___ Measles

NOTE: PLEASE COMPLETE INFORMATION ON PAGE 1 AND 2

HOSPITALIZATIONS:

List reasons and approximate dates

OPERATIONS:

List reasons and approximate dates

SERIOUS INJURIES

List of injuries and give approximate dates

PREVIOUS BROKEN OR DISLOCATED BONES

MEDICATION Student is presently prescribed: _____

ARE YOU ALLERGIC TO ANY MEDICATION'S/FOODS? _____ YES _____ NO

LIST EACH DRUG/FOOD, AND HOW OFTEN IT IS TAKEN:

ALL MEDICINE MUST BE IN ORIGINAL PRESCRIPTION CONTAINER. SCHOOL PERSONNEL WILL NOT ADMINISTER OVER THE COUNTER MEDICINE.

(PARENTS MUST PRESENT I.D. IN PERSON FOR OFFICE STAFF TO NOTARIZE)

EMERGENCY MEDICAL AUTHORIZATION:

I hereby authorize the agents of Faith Outreach Academy to give consent for any and all necessary medical care for my child while he/she is involved in any Faith Outreach Academy program.

Father's Signature

Date

OR

Mother's Signature

Date

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, personally appeared _____ who has shown Identification _____ Number _____ Expiration _____

Witness by my hand and official seal this _____ day of _____, _____

Notary Public, State of Florida

Consent and Release Form

The undersigned parent or guardian consents to my child, _____, participating in events sponsored by Faith Outreach Academy for _____ school year. I certify that my child is able to participate. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on back. In the event of an emergency, I can be reached at the telephone number listed on the back. If I cannot be reached, I hereby authorize the Academy's staff to make emergency medical decisions for my child. If there are activities I do not want my child to be involved in, I have listed them on back.

I understand and hereby agree to assume all the risks which may be encountered on said activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Faith Outreach Center Academy and its agents and employees, harmless from any or all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activities or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

If for any reason a lawsuit is started by myself, my family or my heirs against Faith Outreach Center Inc. I agree to pay any liquidated damages for such suit, if I, my heirs, or my family lose such a suit, all costs and attorney fees incurred by Faith Outreach Center, Inc. or its representative in defending such an action.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent/Guardian _____ Date _____

NOTE: PLEASE COMPLETE INFORMATION ON NEXT PAGE

CONSENT AND RELEASE FORM (CONTINUED)

Medical conditions of which to be aware:

Telephone numbers where I can be reached in an emergency:

(NOTE: Numbers must be accurate & updated periodically)

I do not wish my child to participate in the following:

Physician's name and phone number:

Health Insurance Company: _____

Policy Number: _____

Dental Insurance Company: _____

Policy Number: _____



Student Pick up Authorization Form

In an effort to protect our students, we are asking that you let us know, in advance, who has permission, other than you, to pick up your child. You may pre-authorize individuals by listing them below. Please let these individuals know that they may be asked to show photo identification if a staff member is unfamiliar with them. Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child unless we have received a prior, written notification from the custodial parent/guardian.

Student Name: _____

Custodial Parents/Guardians: _____ **Phone:** _____

Authorized Adult to Pick Up Student

<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Student</i>
<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Student</i>
<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Parent</i>
<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Parent</i>

Please list any adults who are **not** authorized to pick up your child: _____

Parents/Legal Guardian Authorization

The information above is correct, and I/we hereby give permission for my child to be picked up from the listed individuals. I/we understand that my child will not be able to leave with anyone who is not on this list.

Parent's / Guardian's Signature

Date

FAITH OUTREACH ACADEMY AFTERCARE REGISTRATION



Aftercare begins at 3:45 p.m. and ends at 6:30 p.m. (*charges begin at 3:45 p.m.*) We have three flat rates. Aftercare costs are as follows: (1) Up to 5 hours per week \$35.00 (*per child*), (2) from 5-10 hours per week cost \$45.00 (*per child*), and (3) more than 10 hours per week is \$50.00 (*per child*). Students not picked up by 6:30 p.m. will be charged \$3.50 per ten minutes. Aftercare charges are due each Monday for the previous week or your child cannot use Aftercare the upcoming week unless arrangements have been made with the Financial Manager. ***A \$10.00 LATE CHARGE WILL BE ADDED TO YOUR ACCOUNT IF NOT RECEIVED BY THIS DATE.***

ALL OF FAITH OUTREACH ACADEMY'S RULES OF COURTESY, DRESS, AND BEHAVIOR WILL REMAIN IN EFFECT DURING AFTERCARE.

Please complete the below registration form and return it to the Academy office.

_____ 5 hours or less _____ 5-10 hours _____ More than 10 hours

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Mother's Name _____

Phone Number _____ (C) _____ (H) _____ (W)

Father's Name _____

Phone Number _____ (C) _____ (H) _____ (W)

Persons allowed to pick up child:

Name: _____

Name: _____

Name: _____