

FAITH Academy Registration

Contact Information

Please *PRINT* clearly the following information.

Legal Guardian

- Mom's name _____
- Father's name _____

Mailing address _____

Primary

- Home phone (____) _____ Primary email _____
- Mother's cell (____) _____ Emergency contact _____
- Mother's work (____) _____ Phone number/s (____) _____
- Father's cell (____) _____ (____) _____
- Father's work (____) _____

Student Information

Please *PRINT* clearly the following information.

Child _____	Age _____	Birthdate _____ mm/dd/yyyy
Allergy/other _____		
Child _____	Age _____	Birthdate _____ mm/dd/yyyy
Allergy/other _____		
Child _____	Age _____	Birthdate _____ mm/dd/yyyy
Allergy/other _____		
Child _____	Age _____	Birthdate _____ mm/dd/yyyy
Allergy/other _____		

Registration per 12 week semester:

\$50.00 per child.

Tuition per semester:

\$300.00 for the first child, \$270.00 for the second child, and \$240.00 for any subsequent children.

May be divided into monthly payments. Contact Leslie Norman for details.

We prefer checks but will accept cash.

Make checks payable to FAITH Academy.

Mail check to:

FAITH Academy, Inc.
4202 Pearl Ave.
Sophia, NC 27350

Photo Release

Please initial next to your choice.

Please be advised that we may take photographs or videos of your child at the school and at various school sponsored events. We like to use these to update our website, to keep parents informed on social media, and for educational purposes.

- YES, you have permission to use my child's photograph or video for the above reasons.
- NO, you do not have permission to use my child's photograph or video for the above reasons.

Parent/Guardian Initials _____

Release of Liability

Please *PRINT* clearly the following information.

I hereby acknowledge that whereas FAITH Academy is a home school program run by fellow parents, everyone involved has my child's best interest at heart. I understand that everything possible will be done to keep my child as safe as possible in every setting and every situation. However, I acknowledge that life itself carries certain risks and that being as a child will certainly act in a childish manner in certain situations, there is no such thing as a risk proof setting.

Therefore, I the undersigned release FAITH Academy and Grove Community Church from all liability, costs and damages in the case of injury involving my child. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document.

Child(ren)'s Name(s) _____

Parent/Guardian Signature _____ Date _____