



Family Christian Academy Preschool

"Building Foundations for Faith and Learning"

Student Enrollment

Please list each child being registered:

Student's Name (First, Middle, and Last)	Class Entering	Gender (M/F)	Age	Date of Birth
1. _____				
2. _____				

Responsible Parent/Guardian Billing Information:

Name: _____

Driver's License #: _____ Social Security #: _____

Mailing Address: _____

City: _____ Zip Code: _____

Occupation: _____ Work phone #: _____

Relationship to Student(s): _____ Home phone #: _____

Please indicate your payment schedule: Cell phone#: _____

I agree to pay _____ Weekly, _____ 1st and 15th, or _____ Monthly.

Only these payment options are available. The bookkeeping office must be notified **in advance** if there are any changes to your payment schedule, this will allow time to process the change.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

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Date Registration Fees Received: _____ Initial: _____ DL copy attached? _____

Actual Start Date: _____ Postponed to _____ Prorated at: _____

Tuition Rate: First Child: \$ _____ Second Child: \$ _____

Reg. Paid _____ Tuition Paid _____ Equip. Fee Paid _____

Student(s) added to roster: _____ Auto charges entered in computer: _____

A Ministry of Family Worship Center
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