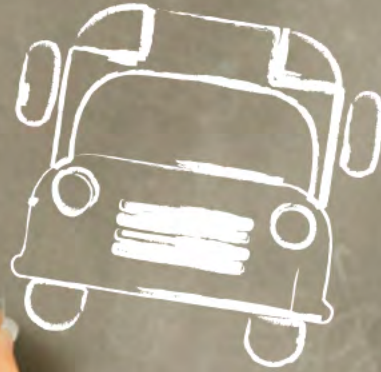


Faith-Based Program

A Character-building Environment

Available on a Daily Basis for
Your Convenience!



School's Out - Before
After School Program



study hall time, homework help



activities include: sports, games, arts
& crafts, cooking, story time and more!



Contact School's Out:

Phone: 845.489.0463 | 845.462.5955

Email: schoolsout@faithchristianacademy.org

254 Spackenkill Road, Poughkeepsie, NY



School's Out Office: (845) 489.0463 / (845) 462.5955
E-mail: schoolsout@faithchristianacademy.org

Welcome to School's Out!

We would like to welcome you and your child to Faith Christian Academy's School's Out program. Our goal is to provide our families and students with a safe and secure, affordable care alternative that's also fun. We have a trained, dedicated staff that enjoys providing a loving, character building and spiritual environment for your children.

School's Out offers both Before Care and After Care programs. With rare exceptions, our operational days will follow the calendar of Faith Christian Academy. For an additional charge, we offer Full Day Care for the teacher conference and planning days when children are out of school.

There is a one time, non-refundable Registration Fee of \$40.00 per family due with your child's enrollment in School's Out. The Registration Fee for the School's Out program is waived for students enrolled in Faith Christian Academy.

Tuition for School's Out is due on the fifth of each month. The initial month's tuition should be included with your registration. Payments not received by the fifth will be considered late and will incur a Late Fee of \$15.00. If the payment date happens to fall on the weekend or a holiday then the due date will be the next business day. The fee charged for non-sufficient funds is \$20.00.

Payments should be made to "Faith Assembly" with a note in the memo stating it is for School's Out and the child's name. You may mail your payment, drop it off at the FCA Office or the Faith Assembly office. You may also turn in payments to the School's Out Staff when dropping off or picking up your child.

Children must be picked up by 6:00pm daily. Failure to do so will result in an initial \$15.00 Late Pick-up Fee due at the time of arrival. For every 15 minutes after 6:15pm an additional \$15.00 will be due.

Before School (AM) Program Pricing

1 day per week \$75/month	2 days per week \$95/month	3 days per week \$115/month	4 days per week \$135/month	5 days per week \$155/month
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After School (PM) Program Pricing

1 day per week \$105/month	2 days per week \$135/month	3 days per week \$155/month	4 days per week \$175/month	5 days per week \$195/month
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Sibling Discounts:

- 15% off per-sibling



For Office Use Only

Application Date _____

Health Records Rec. _____

Reg. fee pd. _____

1st Months Rec. _____

Transportation Fee Rec. _____

Date of Application: _____ School Year: _____

CHILD'S INFORMATION: (Please fill out a registration for each child you are enrolling)

Name: _____ Male Female
(Last) (First) (Middle)

Address: _____
(street) (city) (state) (zip)

Phone: _____ Cell: _____

Age _____ Birth date _____ Public School District _____

Form of Transportation: Bus _____ Pick up at school _____

Grade: (Please check the appropriate grade) Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

ATTENDANCE INFORMATION:

Please indicate the days that your child will be attending:

BEFORE CARE:

Mon Tues Wed Thurs Fri

AFTER CARE:

Mon Tues Wed Thurs Fri

We understand that changes occur in your work and family schedules. Please let us know as soon as possible when those things happen so we can better serve you and your children.

SCHOOL INFORMATION:

School Name: _____

Address _____
(street) (city) (state) (zip)

Phone: _____

Has your child been diagnosed with learning disabilities? yes ___ no ___

Has your child had any disciplinary difficulties? yes ___ no ___

Does your child experience attention difficulties? yes ___ no ___

Does your child have any physical handicaps? yes ___ no ___

Does your child have any emotional difficulties? yes ___ no ___

Does your child have any social difficulties? yes ___ no ___

Is your child currently on any type of medication? yes ___ no ___

Please list any allergies _____

If you answered "yes" to any question above, please explain:

Continued on Back

FAMILY INFORMATION: PLEASE PRINT

Father's Name _____

Mother's Name _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Child Lives With:

Father Mother Custodial Guardian Other: _____

EMERGENCY INFORMATION & AUTHORIZED RELEASE:

Every effort will be made to reach a child's parents or guardians in case of an emergency. It is our policy not to release your child into the custody of any person unless specified by you. Please list below all persons that are authorized to pick up your child. These persons must present a valid drivers license or other proper identification. Any exceptions to the persons named below will require your written or verbal consent.

(1) Person's Name: _____	Relation To Child: _____
(H) Phone: _____	(W) Phone: _____ (C) Phone: _____
(2) Person's Name: _____	Relation To Child: _____
(H) Phone: _____	(W) Phone: _____ (C) Phone: _____
(3) Person's Name: _____	Relation To Child: _____
(H) Phone: _____	(W) Phone: _____ (C) Phone: _____

PARENT OR GUARDIAN AGREEMENT:

I (We) agree to abide by the policies and procedures of FAITH CHRISTIAN ACADEMY and it's SCHOOL'S OUT program. A copy of the policy booklet is available upon request.

Father's Signature or Guardian's Signature

Mother's Signature