

Faith Baptist Christian School
12700 Claxton Drive, Laurel, MD 20708
Phone 301-497-4490

The purpose of Faith Baptist Christian School is based upon the following Scripture: Luke 2:52

"And Jesus increased in wisdom and stature and in favor with God and men."

We will endeavor to lead each child to love Jesus and to obey His Holy Word, the Bible. We have a well-rounded curriculum, which will help your child reach his/her developmental potential academically, socially, and physically.

Application for Grade _____ School Year 20____ - 20____ New Enrollment Yes No

Student's Name: Last _____ First _____ Middle _____

Male ___ Female ___ Age ___ Birthdate _____ Place of Birth _____

Address: Street _____

City _____ State _____ Zip Code _____ Phone _____

Home E-mail address _____ (for school use only)

Father's Name _____ Business Address _____

Occupation _____ Business Phone _____

Mother's Name _____ Business Address _____

Occupation _____ Business Phone _____

Siblings (names and ages): _____

If parents are separated or divorced with whom does the child live? _____

Are there any unusual factors in the child's life? - Absence of father or mother, invalidism of either, grandparents in home, unusual accidents or serious illness, adoption, etc.? _____

Has your child ever received an IEP or special education testing? _____

Church Affiliation: _____ Regular Attendance: Yes ___ No ___

Reason for desire to enroll this child in this school: _____

How did you learn of this school? _____

Statement of Cooperation

In making application for our child, it is our desire to have him/her complete the school year. It is also our understanding that the policy of the school is to make no refunds on registration fees.

We have read the Statement of Philosophy which appears in the Parent Handbook and subscribe to it, and are willing to have our child trained in accordance with it. We recognize the school's right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Tuition for the 20__-20__ school year will be paid by: (choose only one)

 Option 1 Lump Sum Payment

Single tuition payment due on or before June 1, 20____, payable directly to Faith Baptist Christian School. This option entitles the responsible party to a tuition discount*. **Note: If payment is not received by the school on or before the due date, discount is forfeited and payment must be made through FACTS with one of the options below. *Discount will be forfeited if payment is not received by the deadline date.**

 Option 2 Half Year Lump Sum Payment

Semi Annual payment due on July 5 and November 5, by Automatic bank payments (ACH) through your checking or savings account. This option entitles the responsible party to a tuition discount*. **The annual FACTS enrollment fee is \$15. Note: If payment is not received on the due date, discount is forfeited and tuition payment must be made with the option below. *Discount will be forfeited if payment is not received by the deadline dates.**

 Option 3 10 Monthly Payments beginning in July through FACTS:

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5th or the 20th of each month. **A FACTS AGREEMENT FORM MUST BE COMPLETED AND SIGNED TO ENROLL.** The annual FACTS Enrollment Fee is \$41. A late/missed payment fee of \$25.00 is charged every time FACTS is unable to collect your tuition.

 FACTS ELECTRONIC REENROLLMENT OPTION:

I was enrolled with FACTS this past school year and elect to enroll using electronic reenrollment.

 My personal and bank information has not changed.

 The following information has changed from last year: **Bank Name** _____

Routing Number _____ **Account Number** _____ **Checking** **Saving**

I agree to make tuition payments for the current school year according to one of the options above. Tuition is due whether my child is present or absent. If I fail to keep my payments current, my child will be unable to attend Faith Baptist Christian School.

I understand that I need to give two weeks notice in writing when my child is to be withdrawn. I understand if I withdraw my child before the last day of school I will be charged an early withdrawal fee of one additional full tuition payment along with paying for the months in which my child attended. I promise to pay in full if my child is withdrawn.

I have read the school policy regarding tuition and agree to abide by this policy.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Both parents' signatures are required.