



FIRST CHRISTIAN ACADEMY

24530 NW 199th Lane, High Springs, FL 32643

VPK APPLICATION 2025-2026

DIRECTIONS: Please **PRINT**. Complete application and return to the FCA Front Office **OR** mail to address above. If space is available, you will be contacted for more information. (Submit your VPK voucher with the application.)

STUDENT INFORMATION:

Name: _____
Last First Middle

Current Age: _____ Birthday: ____/____/____

Female Male Entering Grade: VPK

Does child have any diagnosed health conditions, disabilities, or disorders? (Such as ADHD, Autism, Asthma, Diabetes, Dyslexia, etc...)

No Yes If yes, please explain: _____

Does child take any medications regularly? No Yes
If yes, please list: _____

Does child have any food and/or medication allergies?
 No Yes If yes, please list: _____

List any siblings attending FCA and grades entering:

DEMOGRAPHICS: For both accreditation and scholarship funding, we **are required to maintain specific demographic information.** Thank you for completing this section.

Ethnicity: (Check all that apply.)

- American Indian, Alaska Native Hispanic, Latino
- Asian, Pacific Islander White, Caucasian
- Black, African-American

Religion:

Do you attend church? Yes No

Name of Church: _____

PHOTO AUTHORIZATION:

I understand that photographs of my child may be taken throughout the year, and I give my permission for those pictures to be used in school publications, school social media pages, or on the school website. **THE NAMES OF INDIVIDUAL STUDENTS WILL NOT BE RELEASED WITH ANY PHOTOGRAPHS EXCEPT IN THE SCHOOL YEARBOOK.**

Yes No Initials: _____

FINANCIAL ACKNOWLEDGMENT:

I understand that I am fully responsible for any and all fees outside of VPK hours (8a-11a). Late fees will be assessed for delinquent accounts.

SIGNATURE: Parent Name _____

PRINT: Parent Name _____

EMERGENCY CARE PERMISSION: FCA has permission to obtain medical care for my child as deemed necessary. When my physician or I cannot be contacted in an emergency, FCA has permission to call for emergency services or take my child to the emergency room of the nearest hospital.

Yes No Initials: _____

EXTENDED CARE: Please indicate if your child will need care outside of the VPK Hours (8a-11a). Our Extended Care Program runs from **11a-4pm at a cost of \$115 per week.**

YES – My child will be using the VPK Extended Care Program.
* A one-time Enrollment Fee of \$100 is required for our VPK Extended Care Program. Due at time of enrollment.

NO – My child will NOT be using VPK Extended Care.

Undecided.

EMERGENCY INFORMATION (if neither parent available):

Emergency Contact: _____

Relationship to Student: _____

Cell: (____) _____ Home: (____) _____

Name of Child's Physician: _____

Phone: (____) _____ Location: _____

Insurance Company: _____

Policy Number: _____

SCHOOL PICK-UP AUTHORIZATION: In addition to the parent/guardian (see other side), the following people will also have permission to pick up my child from First Christian Academy. They must have photo I.D. for pick-up. Please provide the required information:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

PLEASE COMPLETE ALL FAMILY INFORMATION ON **REVERSE SIDE** OF APPLICATION. Thank you!

FAMILY INFORMATION

Child lives with: Both Parents Father Mother Guardian
 Grandparent Step-Mother Step-Father Other (explain)

<p>MOTHER'S INFORMATION:</p> <p>Mother's Name: _____</p> <p>Primary Phone: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ County: _____</p> <p>Employer: _____</p> <p>Position: _____</p> <p>Work Phone: _____</p> <p>Maternal Grandparents:</p> <p>Name: _____</p> <p>Email Address: _____</p> <p><i>* FCA will include grandparents in school email communications as well as invitations to special events.</i></p>	<p>FATHER'S INFORMATION:</p> <p>Father's Name: _____</p> <p>Primary Phone: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ County: _____</p> <p>Employer: _____</p> <p>Position: _____</p> <p>Work Phone: _____</p> <p>Paternal Grandparents:</p> <p>Name: _____</p> <p>Email Address: _____</p> <p><i>* FCA will include grandparents in school email communications as well as invitations to special events.</i></p>
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NEW STUDENTS ONLY: If new, please list ALL previous schools attended (Preschool-Grade 11)

(Name) _____	(City) _____	(State) _____
(Name) _____	(City) _____	(State) _____
(Name) _____	(City) _____	(State) _____

PARENT/GUARDIAN NAMES & SIGNATURES

I acknowledge that all information included on this application is honest and accurate to the best of my knowledge.

PARENT NAME (Print)	PARENT NAME (Print)
PARENT SIGNATURE	PARENT SIGNATURE
DATE	DATE

<p>OFFICE USE ONLY:</p> <p>Received: (Date) _____ (Time) _____</p> <p>Student Info Complete? Y / N</p> <p>Photo Authorization Complete? Y / N</p> <p>Demographics Complete? Y / N</p> <p>Financial Sign. complete? Y / N</p> <p>Emergency Permission? Y / N</p> <p>Emergency Info? Y / N</p> <p>Rec'd By: _____</p> <p>If Preschool, start date: _____</p>	<p>OFFICE USE ONLY:</p> <p>Finance Office: Amt. Pd. \$ _____</p> <p>Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> # _____</p> <p style="padding-left: 100px;">Date Rec'd: _____ By: _____</p> <p>Confirm Scholarship Award#: _____</p> <p>Payment Plan Selection: FULL 10 MOS 8 MOS</p> <p>Finance Notes: _____</p> <p>_____</p> <p>Copies to: HOS P/PD ADMISSIONS</p> <p style="padding-left: 100px;">FACTS: _____ (Date) _____ (Initials)</p> <p>Additional Comments: _____</p>
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