

APPLICATION FORM

School Year: _____

**** Please print. ****

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Birthdate: Y _____ M _____ D _____

Entering Grade: _____

Gender: ☐ Female ☐ Male

PARENTAL INFORMATION

Father's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address: _____

Marital Status: ☐ Married ☐ Divorced ☐ Widowed

Lives with children: ☐ Y ☐ N

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Mother's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address: _____

Marital Status: ☐ Married ☐ Divorced ☐ Widowed

Lives with children: ☐ Y ☐ N

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

HOME ADDRESS

Physical Address

Apt.# _____ Street: _____

City: _____ Postal Code: _____

Country: _____

Mailing Address

(Complete only if it is different from home address.)

Street/PO Box#: _____

City: _____ Postal Code: _____

Country: _____

EMERGENCY CONTACT INFORMATION

People that will be contacted if school is unable to contact parent(s):

First Name: _____

Last Name: _____

Relationship to child: _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

First Name: _____

Last Name: _____

Relationship to child: _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

CUSTODY

Are there special instructions to be noted regarding custody of students? ☐ No ☐ Yes - *if Yes, please explain.*

SCHOOL INFORMATION

Last school attended:

School contact #:

Reason for leaving this school:

Contact person at school:

Grade: _____

PERMISSION

Permission given:

☐ Yes ☐ No

School Trips: My child may participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc.

☐ Yes ☐ No

Image Permission: My child's picture, voice, video and/or work may be used by FCA for promotional materials.

☐ Yes ☐ No

Lunch hour Permission - Grade 6 – 12 Only: My child may leave the FCA school grounds between the hours 12:00 noon – 1:00 pm. I (we) recognize that my child will be unsupervised by school faculty upon leaving the school grounds.

STUDENT WITHDRAWAL POLICY

Student withdrawals must be made by the parent, in person, through the admissions office. Official withdrawal forms will be processed and the necessary signatures obtained.

NOTE: Records will not be released until all bills are paid in full, and all textbooks and materials have been returned.

Parents, please initial here to signify that you have read and understand this policy: _____

SIGNATURES

Signature of both parents is required.

As parents, we give our full support to the teachers, programs and policies of FCA. We pledge to pay the tuition payments as outlined in the payment contract.

Signature

Signature

Date

Date

HEALTH FORM

STUDENT INFORMATION

First Name: _____

Birthdate: Y _____ M ____ D ____

Middle Name: _____

Entering Grade: _____

Last Name: _____

Gender: ☐ Female ☐ Male

PLEASE ANSWER THE FOLLOWING QUESTIONS

☐ Yes ☐ No Has your child received the required immunization? If "No", please explain.

☐ Yes ☐ No Does your child have any allergies? If "Yes", please explain.

☐ Yes ☐ No Does your child have a disability? If "Yes", please explain.

☐ Yes ☐ No Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

☐ Yes ☐ No Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

IMMUNIZATION RECORD

☐ Please ensure that a copy of the Immunization Record is returned with this form.



PAYMENT CONTRACT

FAMILY INFORMATION

Name of Parent/Guardian: _____

Address: _____

Telephone: _____

City: _____

Email: _____

Postal Code: _____

STUDENT NAME/GRADE/YEAR

Name	Grade	School Term

RATES

Rate Schedule	1st Child	2nd Child	3rd & Subsequent Children
Tuition: 2022-23	\$5,628	\$4,272	\$3,408

NOTES

1. Rates include the use of all required textbooks and classroom resources.
2. Prior to enrolment, new families have the opportunity to contribute a \$500 donation to the capital fund to further enhance and sustain quality infrastructure at FCA. This is fully tax-receiptable and goes directly to the improvement of FCA and its programming and facilities.
3. This agreement assumes enrolment until grade 12 graduation unless we are notified otherwise. Students who are not planning to return the following September should notify the school no later than May 1st. For information concerning tuition refunds, please refer to our refund policy in our admissions handbook.
4. Fredericton Christian Academy is a registered charity. The tuition payment may attract a partial donation receipt, which can be submitted to Revenue Canada. Receipt amount is determined each year by the CRA formula. Note: In New Brunswick tuition fee is not fully receiptable.
5. Financial assistance is available to family's for whom tuition expenses are onerous. Please enquire through our website under Admissions – Financial Assistance. The bursary application process is simple and confidential. Please note before a bursary can be awarded a Social Insurance Number (SIN) is required for each student receiving a bursary

PAYMENT

A. Capital Donation and Registration Fees

To be paid at time of registration.

Annual Registration Fee Per Student (upon enrolment)	\$100 X ____	\$ ____
Capital Donation (Optional - New or Returning Families) (Can be paid immediately or added to monthly tuition amount below)	\$500	\$ ____
	TOTAL	\$ ____

B. Tuition

To be paid at time of registration or using one of the payment options below.

Tuition (Upon enrolment)	\$ ____ + (____) + (____) + (____) Child 1 Child 2 Child 3 Child 4	\$ ____
Capital Donation (Optional - New or Returning Families) (Can be paid immediately or added to monthly tuition amount)	\$500	\$ ____
	TUITION TOTAL	\$ ____
	MONTHLY AMOUNT (Total Tuition / 12)	\$ ____

PAYMENT OPTION

Please check your choice of payment

- ☐ One Cheque dated July 1, 2022 for the full amount.
- ☐ Two post-dated cheques equally divided payable on July 1, 2022 and January 1, 2023
- ☐ Twelve pre-authorized payments equally divided and withdrawn automatically through our financial institution RBC payable the 22nd day of each month beginning July 22, 2022

REQUIRED INFO

- ☐ For all Pre-authorized options, please attach a void check/pre authorized debit form (downloaded from your bank) and the completed and signed Pre Authorized Debit Agreement form.

SIGNATURES

Signature of both parents is required.

Signature

Signature

Date

Date



PRE-AUTHORIZED PAYMENT (PAP) AGREEMENT - TUITION

AGREEMENT

This PAP agreement authorizes Fredericton Christian Academy and the financial institution designated to debit the bank account identified for all charges arising under my/our Tuition Agreement with Fredericton Christian Academy. The amount of these variable charges will be debited to my/our bank account beginning _____ and every month thereafter.

I/We waive any and all requirements for the pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAP due to an adjustment to the tuition rate.

This authority is to remain in effect until Fredericton Christian Academy has received written notification from me/us of its change or termination whereby 2 months notice is given. I/We may obtain more information on my/our right to cancel a PAP agreement by contacting the FCA accounting department at accounts@fcae.ca

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain a Reimbursement, I/we may contact the FCA accounting department: accounts@fcae.ca

BANKING INFORMATION

Date: _____

Type of Service: Personal

Your Information

Name(s) on the account: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Bank Information (Please attach a voided cheque or copy of Automatic Bill Payments/Pre-Authorized Debits form from your bank.)

Financial Institution: _____

Bank Account #: _____ Transit Number #: _____

Address : _____

City/Town: _____ Province: _____ Postal Code: _____

AUTHORIZED SIGNATURES

If the account is a shared account the signature of both account holders is required.

Signature

Signature

Date

Date

TERMS AND CONDITIONS

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Fredericton Christian Academy (hereafter referred to as FCA) , to debit or cause to be debited the Account for the purposes indicated in the Pre-Authorized Payment Form
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section of the Pre-Authorized Payment Form (hereafter referred to as a PAP). A specimen cheque for the Account, has been marked "VOID" or a bank account information form is attached to this Authorization
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization 10 business days prior to the next due date of the PAP.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within 10 business days before the next PAP is to be issued. I/we acknowledge that I/we can obtain a cancellation form or further information on my/our right to cancel this Acknowledgement by contacting the Financial Department at Fredericton Christian Academy at accounts@fcae.ca.
5. If this Authorization is for a fixed or variable amount, I/we acknowledge I/we will receive with respect to a variable amount, a written notice (in the form of a email) from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAP, and such notice will be received every time there is a change in the amount.
6. I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact the financial department of Fredericton Christian Academy at accounts@fcae.ca
7. I/We acknowledge that I/we understand that I/we are participating in a PAP plan established by Payee and I/we accept participation in the PAP plan upon the terms and conditions set out herein.
8. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

SCHOOL

Attention: _____
Fax #: _____

DATE ____/____/____
(mm/dd/yyyy)

PLEASE FORWARD RECORDS TO:

Fredericton Christian Academy
778 MacLaren Avenue
Fredericton, N E3A 3L7
Attention: Mr. Scott Robertson, Administrator

STUDENT INFORMATION


First name: _____
Last name: _____

Date of birth: ____/____/____
mm/dd/yyyy
Last grade completed: _____

AUTHORIZATION SIGNATURES

Parent/Guardian Signature

Date



FCA Principal

Date