



FIRST CHRISTIAN ACADEMY

24530 NW 199th Lane, High Springs, FL 32643

VPK APPLICATION 2026-2027

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 _____

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 \$135 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 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: _____

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)

MOTHER'S INFORMATION:

Mother's Name: _____

Primary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

Employer: _____

Position: _____

Work Phone: _____

Maternal Grandparents:

Name: _____

Email Address: _____

FATHER'S INFORMATION:

Father's Name: _____

Primary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

Employer: _____

Position: _____

Work Phone: _____

Paternal Grandparents:

Name: _____

Email Address: _____

_____js_____

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

DATE

PARENT SIGNATURE

DATE

OFFICE USE ONLY:

Received: (Date) _____ (Time) _____

Student Info Complete? Y / N

Photo Authorization Complete? Y / N

Demographics Complete? Y / N

Financial Sign. complete? Y / N

Emergency Permission? Y / N

Emergency Info? Y / N

Rec'd By: _____

If Preschool, start date: _____

OFFICE USE ONLY:

Finance Office: Amt. Pd. \$ _____

Cash Credit Card Check # _____

Date Rec'd: _____ By: _____

Confirm Scholarship Award#: _____

Payment Plan Selection: FULL 10 MOS 8 MOS

Finance Notes: _____

Copies to: HOS P/PD ADMISSIONS

FACTS: _____ (Date) _____ (Initials)

Additional Comments: _____