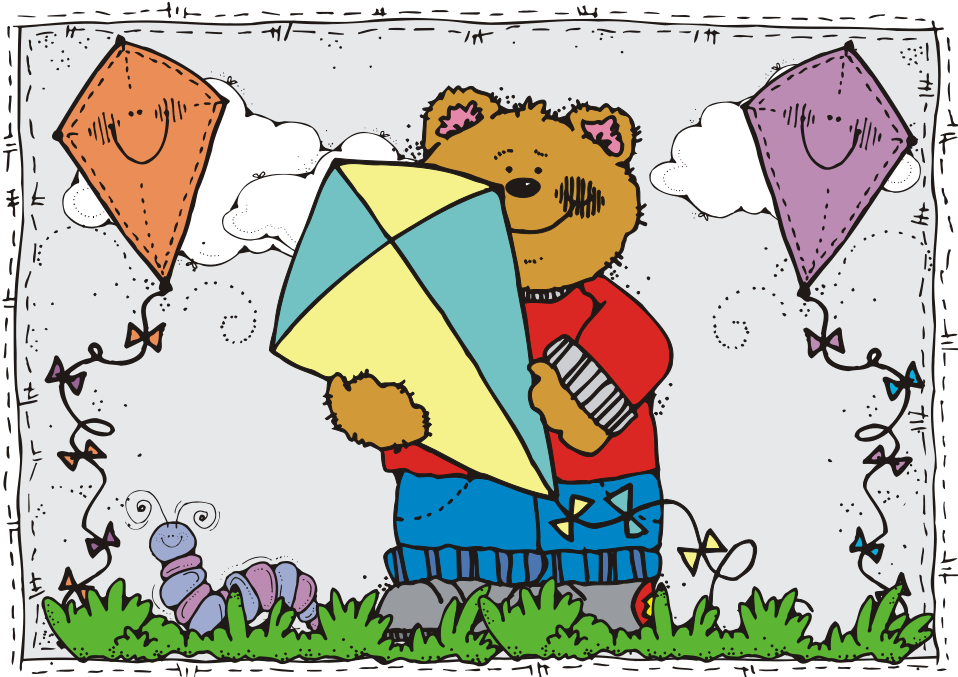


APPLICATION

FOR

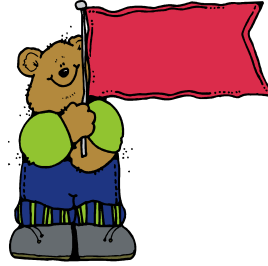


**Summer Program
2017**

**11330 E. 166th Street, Cerritos, CA 90703
Tel: (562) 865-2424 Fax: (562) 865-8146
E-mail: learning@fecc.us**

Submit completed application to the FECC Children Academy office with the \$40.00 nonrefundable registration fee (Summer Program T-Shirt included).

FECC SUMMER PROGRAM



ENROLLMENT FORM

Present date ____/____/____

Child's Full Name _____
Last First Middle

Date of Birth ____/____/____ Male ____ Female ____
mo day year

Going to 1st grade ____ 2nd Grade ____ 3rd Grade ____ 4th Grade ____ 5th Grade ____ 6th Grade ____ 7th Grade ____
(Check class appropriate for child)

PARENTS' INFORMATION

PARENT/GUARDIAN #1

Mr/Mrs/Ms _____ Home Phone () _____ - _____

Home Address _____ Mobile Phone () _____ - _____

City/Zip _____

Lives with student? Yes No

Relation to Student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () _____ - _____

E-mail: _____

PARENT/GUARDIAN #2

Mr/Mrs/Ms _____ Home Phone () _____ - _____

Home Address _____ Mobile Phone () _____ - _____

City/Zip _____

Lives with student? Yes No

Relation to Student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () _____ - _____

E-mail: _____

EMERGENCY CONTACT

Other than parents, **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW** (Must include at least **TWO** local persons to call for illness, accident, late pick-up, or other emergency reasons). Please list them in the order of preference for us to contact.

1. Mr./Mrs./Ms _____ Home Phone () _____ - _____
Home Address _____ Mobile Phone () _____ - _____
City/Zip _____ Work Phone () _____ - _____
Relation to Student _____

2. Mr./Mrs./Ms _____ Home Phone () _____ - _____
Home Address _____ Mobile Phone () _____ - _____
City/Zip _____ Work Phone () _____ - _____
Relation to Student _____

3. Mr./Mrs./Ms _____ Home Phone () _____ - _____
Home Address _____ Mobile Phone () _____ - _____
City/Zip _____ Work Phone () _____ - _____
Relation to Student _____

MEDICAL INFORMATION

Name of child's physician or clinic _____

Physician address and phone _____

Name of medical insurance and policy no. _____

Medical attention _____

Allergies: _____

FECC Summer Program

We, the parents of _____, will like to enroll my child to the summer program offered by FECC. I understand that I am responsible to read the Summer Program Handbook, understand and abide by its contents, and cooperate with the policy, refund policy, and the purpose of FECC Summer Program.

Father's signature _____

or

Mother's signature _____



Consent to medical care and treatment of minor child

I, _____, hereby give permission that my child _____, may be given emergency treatment, to include first aid and CPR by a qualified staff member of FECC Summer Program. I further authorize and consent to dental, medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed dentist, physician, or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or other transportation to an emergency center for treatment. I further authorize FECC to take my child to a hospital, and agree that I will pay all dental, medical and hospital bills, and FECC shall not be responsible for them.

Signature of Parent/Guardian _____ Date _____



FECC Summer Program Field Trip Permission Form

Class _____ Teacher _____

Destination: All FECC Summer Program 2017 field trips and activities

Address _____

Departure Date _____ Departure Time _____ Time Returning _____

Transportation: FECC Church Buses, School Bus, and/or Authorized Faculty Vehicles

Please fill out this form as completely and clearly as possible, and complete it with the signatures of both parents unless your child is in the custody of one parent.

Child's Name: _____ Age: _____

Address: _____

Home Phone: _____

Father: _____

Phone: _____ Mobile Phone: _____

Mother: _____

Phone: _____ Mobile Phone: _____

Authorized Contact Person: _____

Phone: _____ Mobile Phone: _____

Insurance Carrier: _____

Policy and ID Number: _____

By signing this form, you authorize FECC to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case you are not immediately available. Any qualified physician called by FECC may treat and do whatever is necessary for the health and well-being of your child. You agree to accept responsible for the cost of any medical services. A conscientious effort will be made to notify you before such action are taken.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

FECC Learning Institute

Summer Program 2017

Parent Handbook

11330 E. 166th Street, Cerritos, CA 90703 (562) 865-2424

FECC Learning Institute is a non-profit, state-registered heritage school, located in the City of Cerritos, dedicated to serving children and their families in the community. School age children can enroll in our Summer Heritage Offerings during the summer. The daily learning includes: academic reviews, learn a 2nd language, expose to cultural experiences with dance, history, arts, and music, involvement in sports and other activities, and participation in educational field trips.

Our professional staff is composed of well-educated and experienced teachers who are committed to serving your children.

This information will serve to help parents understand our program and acknowledge our policies. It will also help to facilitate the relationship and the mutual understanding and expectation between staff and parents.

Program & Fees

- Program offers from 6/19/17 to 8/18/17
- For children ages 6-12 (first -7th grade)
- Monday ~ Friday, 6:45 AM to 6:30 PM
- Tuition: \$168 per week including field trip, lunches, and two snacks per day
- 7/31/17 to 8/4/17 (Vacation Bible School): a program offered by First Evangelical Community Church of Cerritos
- FECC Summer Program is designed to have option of choosing the weeks to enroll according to each individual schedule
- 5% discount on tuition if enroll for at least 8 weeks, and pay in full by 5/31/17
- \$40 registration fee is waived if you enroll and pay tuition by 5/31/17
- \$40 registration fee applies if you enroll before 5/31/17 and pay tuition after 5/31/17
- Must register by 5/31/17 to guarantee a space, receive early bird discount, multiple children discount, and pay in full discount

Refund and Cancellation

1. Full refund on tuition paid if you drop classes before or on **(6/16/17, Friday)**.
2. If you drop your classes on the **first** week of summer program, you will get refund for the tuition paid from 2nd week and up.
3. If you drop your classes on the **second** week of summer program, you will get 60% refund for the tuition paid from 3rd week and up.
4. **NO REFUND** if you decided to drop on the **third** week or after the **third** week.

5. *The \$40.00 registration fee is non-refundable.*
6. **NO REFUND** if you decided to drop any of the weeks during the summer on the **third** week or after the **third** week.

Late Pick Up Fee

Parents who fail to pick up their children after school hour will be charged a late pick-up fee of \$5.00 after 6:30 PM, and \$1.00 increment per minute after 6:35 PM. All children must be picked up by or on 6:30 PM. Please call FECC office in the event of emergency that you are unable to pick up your child on time. If your child is repeatedly picked up after the closing time, we reserve the right to terminate the enrollment of your child. In the event when a child has not been picked up within one hour of the stated closing time, and the parents and emergency contacts are unreachable, we will inform the Child Protective Services.

Returned Check

There will be a \$15.00 charge on any returned checks, plus 10% late charge. After two violations of this nature, checks will not be acceptable and payment must be made by cash or money order.

Rights to Refuse Service Policy

FECC Learning Institute reserve the right to refuse service when:

- *Failure to abide FECC Summer Program policies and procedures by parent or child.*
- *Physical or verbal abuse to other children or staff by parent or child.*
- *Failure to make payment as scheduled.*
- *A child is repeatedly being picked up after stated closing time.*
- *The director and the school officials at their discretion believe that the continued service is not in the best interest of the child and or FECC.*