



FAMILY HOUSE
A C A D E M Y

Family House Academy
Built on Families
1220 Carroll Rd. Kelso, WA 98626

2016-2017 Registration Form

Date: _____

Grade Applying For: _____

Child's First Name: _____

Child's Middle Name: _____

Child's Last Name: _____

Child's Birthday: _____ Age: _____ Sex: F/M

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Church Affiliation: _____

Parent's/Guardian's: First and Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer/Occupation: _____

Individual responsible for paying ALL fees: _____

Emergency Numbers:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____



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2016-2017 Financial Agreement

Parent Last Name: _____ First Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Billing Commitment

{ } 10 Month payment plan (July 1-May 1) \$550/per Month

{ } Tuition is due the 1st of each month, you will always be paying one month ahead to support Family House Academy financial plan.

{ } If your payment is not postmarked or delivered by the 5th you will be charged a \$25 late fee.

Signature of agreement: _____ Date: _____

If fees are not paid the student(s) will not be able to participate in field trips, P.E. or outdoor school. If your child's tuition falls one month behind, then your child will not be able to attend class until the balance is paid in full. It is to ensure the financial success of Family House Academy.

Signature of agreement: _____ Date: _____

Additional Fees

{ } Registration Fee \$250 (Nonrefundable)

{ } September tuition \$550, due July 1st, 2016 (nonrefundable) If payment is not made in full, your student's spot will not be secured

{ } Outdoor School \$ 250.00, due August 1st, 2016 (optional & nonrefundable)

{ } Cleaning Fee \$100, due July 1st, 2016 (nonrefundable)

Signature of agreement: _____ Date: _____

If at any time in the 2016/2017 school year, I/we make the decision to transfer our student out of FHA I/we will give 30 day written notice to Mrs. Mustion. Tuition will not be prorated or refunded for any days the student does not attend in the month of transfer. **I understand I am responsible for the monthly tuition payments of \$550 each totaling \$5,500, registration fee of \$250, Outdoor School fee (optional) of \$250, Cleaning fee \$100 for the 2016-2017 school year.**

Signature of agreement: _____ Date: _____



FAMILY HOUSE
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2016-2017 School Year

Student: _____ Grade in Fall: _____

Student: _____ Grade in Fall: _____

TUITION & FEES:

Registration fee (nonrefundable)-\$250 due June 1st, 2016

Tuition is \$5,500 which is to be paid in TEN equal monthly payments of \$550 (1st installment is due July 1st, 2016, 2nd installment is due 9/1/16, 3rd installment is due 10/1/16, 4th installment is due 11/1/16, 5th installment is due 12/1/16, 6th installment is due 1/1/17, 7th installment is due 2/1/17, 8th installment is due 3/1/17, 9th installment is due 4/1/17, 10th installment is due 5/1/17).

Tuition installments are due on the 1st of the prior month so we can close out the books on May 30, 2017 (See the payment schedule above).

First Month's Tuition is DUE July 1st, 2016

Outdoor school-\$250 (Optional) is DUE August 1st, 2016

I/We agree to make monthly tuition payments for the 2016-2017 school year, by the 1st of each month. I/We understand that my student's placement cannot be held without payment of registration fee. I/we understand that any prior year's tuition accounts must be current to register for the 2016-2017 school year. If at any time in the 2016-2017 school year, I/we become more than one month behind in tuition payments, I/we understand that our student will be unable to attend Family House Academy, until the account is paid in full. If at any time during the 2016-2017 school year, I/we make the decision to transfer our student out of Family House Academy, I/we will give a 30 day written notice to Mrs. Mustion. Tuition will not be prorated or refunded for any days the student does not attend in the month of transfer. I/we understand that I/we are responsible for the yearly tuition of \$5,500, nonrefundable registration fee of \$250, and the nonrefundable cleaning fee of \$100. Students are also given the opportunity to attend our outdoor camp in the fall for an additional (optional) fee of \$250.

Signature: _____ Date: _____



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2016-2017 Volunteer Contract

Parent/guardians are required to volunteer share hours. Every family is required to give back to the school 40 hours a year of share hours that need to have prior approval by Mrs. Mustion or a board member. All parents are **REQUIRED** to report their hours monthly to Mrs. Mustion by the last day of the current month. If hours are not reported by the end of each month, they will not be counted toward your year-end balance.

Hours that can be counted towards share hours:

- Participating in community service activities
- Driving for field trips
- Work parties
- Helping the classroom
- Cleaning the school
- Helping in the organization of the annual fundraising event, or any other FHA event
- Transportation for P.E. activities
- Take a position as a team lead for art auction committee (will cover 40 volunteer hours)

This volunteer time in and outside of the classroom with the children is to enhance the quality of service provided to all the children. It is also an opportunity to participate in your child/children's educational experiences to increase their success. It is necessary that we enhance the children's educational experiences with cooperation, consistency and cohesiveness between the school, community and home. The volunteer hours also allow Family House Academy to keep tuition affordable.

***Share hours not completed by May 31st will be billed at \$20.00 per hour. This fee must be paid in full by the last day of school or school records will not be released.**

*** Attending parent meetings is required of every family and every meeting counts toward a hour of your volunteer hours.**

By signing here I/we agree on the above terms of this contract.

Parent Signature: _____

Parent Signature: _____



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2016-2017 Art Auction Contract

The Family House Academy Art Auction is our major fund-raising event. It's a wonderful night that requires community involvement to promote the arts. All families and friends of Family House Academy are invited and encouraged to attend. Each family is **required** to make a donation or procure an unused item or service with a minimum value of \$100 for the annual auction.

We are looking for art auction team leaders. The art auction team leader applications will be reviewed and approved by the board and Mrs. Mustion.

Position Requirements:

- Mandatory attendance to a monthly meeting with all other team leaders. A minimum of an hour per meeting.
- Responsible for organizing team plan and getting approval from Mrs. Mustion.
- Assign positions to volunteers in your team.
- Report monthly at the parent meeting on the team's status.
- Make sure all assigned tasks are completed.
- Encourage and develop parent partnerships

By signing here I/we agree on the above terms of this contract.

Parent Signature: _____

Parent Signature: _____



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If we educate a student, we impact one. If we educate a parent, we impact a family. If we educate a family, we impact the community.

Our goal at Family House Academy is to make a positive impact in the lives of all the “families” who participate in the Academy. Our hearts’ desire is to allow children and families to walk in their individual strengths, gifts and passions. We believe every parent and child has a unique place in our school, and we need everyone to make a commitment to enhance the educational experience of all the children. The commitment is tremendous; the experience is lifelong.

I have read the brochure and understand the vision, philosophy and purpose of Family House Academy.

Signature: _____ Date _____

Field Trip Permission

I, _____ give my permission for my child/children, as listed below;

_____, _____, _____, _____, to attend the Family House Academy field trips, P.E. and other extra-curricular activities. I will not hold the school, the school’s personnel, or the parent drivers responsible for any injury that might occur to my child through participation in the field trip. I will not bill or charge Family House Academy’s insurance for any damages that might occur on the field trip.

Signature: _____ Date _____

I/we agree to a period of seven days to resolve any concerns between staff, families or students. After all parties have an opportunity to listen and attempt to bring resolution agreed upon by all parties, then services will resume. If all parties cannot come to a resolution within the granted time period then services provided by FHA will discontinue until further notice. The family will be notified by a member of the board after a decision has been made in the best interest of the FAMILY HOUSE COMMUNITY.

Parent Signature: _____ Board Member Signature: _____

Date: _____



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Medical Information:

Physician: _____ Phone: _____

Does your child take any medication? Yes/No What? _____

Any medical concerns, allergies or any additional information that would help up implement the most effective program for your child/children.

Any medical concerns, allergies, or any additional information that would help us implement the most effective program for your child/children. Please let us know if there is anything medical we need to know to better serve your child.

Authorization for Emergency Medical Treatment

All shots are updated and on file at Family House Academy Yes/No

In the event in which, I/we cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, I/we the undersigned parent(s) of the child named above, a minor, do hereby authorize Family House Academy as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Parent: _____ Date: _____