



Information packet
2018-19 school year

Enrollment and Rates

ENROLLMENT REQUIREMENTS:

- Attached registration form (emailed to salexander@fwc.org or delivered to Sherrie Alexander)
- Once registration is received, \$60 fee will be drafted through FACTS Management (see below)

RATES:

FULL TIME:

Paid monthly to Fort Worth Christian **only** through FACTS Tuition Management. Payment will be drafted on the 15th of each month. The months of August and December only half of the fees will be drafted.

BEFORE SCHOOL CARE: \$100 monthly

AFTER SCHOOL CARE: \$300 monthly

BEFORE AND AFTER SCHOOL CARE: \$320 monthly

DROP IN RATES:

Paid monthly to Fort Worth Christian **only** through FACTS Tuition Management. Billed and posted by the 10th of the following month, drafted on the 20th of each month.

AFTER SCHOOL DROP IN: \$20 a day

30 MIN DROP IN: \$5

NOON DISMISSALS: \$5 EXTRA TO REGULAR PAYMENT

If you do not have a FACTS account, please follow this link to establish an account: <https://online.factsmgmt.com/signin/3CKMD>

Fort Worth Christian

Cardinal Club



Before and after school care

Fort Worth Christian School offers before and after school care daily in a safe, secure environment. We understand the importance of quality of care when you are away from your child, and strive to provide various fun, enriching activities for them until you arrive.

General information:

- Before and after school care is offered for children attending prek-4 through 5th grade
- Located conveniently adjacent to elementary in Campus Center
- Full-time and part-time attendance available
- Homework time daily
- Children are able to attend campus extra-curricular activities while in care with parent permission
- Loving, Christian teachers and low teacher/student ratio
- Snacks provided
- Hours:
before school: 6:30-8:00 am
after school: 2:50-6:15 pm
- Registration and fees separate from school tuition
- Contact: Sherrie Alexander (817) 994-6799
salexander@fwc.org



STUDENT INFORMATION

Name			
Address			
Grade		Teacher	

PARENT INFORMATION

Name			
Cell Phone			
Name			
Cell Phone			

EMERGENCY CONTACT/ PICK-UP

Person to call in case of emergency if parents cannot be reached.

Name			
Cell Phone			
Relationship			

I authorize Cardinal Club to allow my child to leave ONLY with the following persons. Children will only be released to a parent or person designated by the parent/guardian after verification of ID.

Name		Phone	
Name		Phone	
Name		Phone	

ALLERGIES/ SPECIAL CONDITIONS

Please list any special conditions your child may have, such as allergies, existing illness, injuries, medications, etc.

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Signature		Date	
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