



01. FFCS FAMILY CHECKLIST

2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Family Name (please print) _____

1 per family	<input type="checkbox"/>	Enrollment Fee (\$150 for one student or \$250 for two or more students), <u>non-refundable</u>
	<input type="checkbox"/>	Tuition Calculation & Tuition Payment Forms
	<input type="checkbox"/>	Service Hours Guidelines & References Form (K-12th grades)
	<input type="checkbox"/>	Service Hours Preferences Form (K-12th grades)
	<input type="checkbox"/>	Signed Statement of Faith
	<input type="checkbox"/>	Signed Discipline Policy Form
	<input type="checkbox"/>	Registration Form (3 pages)

1 per parent	<input type="checkbox"/>	Background Check Form (2 pages)
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1 per student	<input type="checkbox"/>	Records Request Form (1st-12th Grades—New students only)
	<input type="checkbox"/>	Student Information Form (3 pages)
	<input type="checkbox"/>	Immunization Record, filled out and signed { ORIGINALS ONLY —no copies} MANDATORY (2 pages) <i>Parent/guardian must transfer information from doctor records to immunization form.</i>
	<input type="checkbox"/>	Copy of Birth Certificate
	<input type="checkbox"/>	Grade Report/Transcript
	<input type="checkbox"/>	Copy of IEP - if applicable

ALL forms are required and MUST accompany the non-refundable registration fee to hold a student's place in a class.

Please return this form with all completed enrollment forms to Bldg. B office.

STAFF USE ONLY			
Received by _____	Date _____	Time _____	
Registration Fee \$ _____	Check # _____	Initials _____	
Records Request Submitted by _____	Date _____	Records Received by _____	Date _____



FFCS TUITION CALCULATION FORM

2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360-687-8382 • Fax: 360-687-8799 • www.ffcs.org

PARENT/GUARDIAN NAME: _____

REGISTRATION FEE Must be paid at time of registration

Registration fee per family *	1 student	\$150
	2 or more students	\$250

STUDENT TUITION

GRADE	1st child	2nd child	3rd child	4th child	5th child & above
3-4 Preschool (2 days/wk) AM CLASS	\$2405	\$2405	\$2405	\$2405	\$2405
4-5 Preschool (3 days/wk) AM or PM CLASS	\$3140	\$3140	\$3140	\$3140	\$3140
Kindergarten	\$4495	\$4495	\$4495	\$3820	\$2820
1st—5th Grade	\$7095	\$6095	\$5095	\$4095	\$3095
6th—8th Grade	\$7670	\$6670	\$5670	\$4670	\$3670
9th—12th Grade	\$8970	\$7970	\$6970	\$5970	\$4970

FAMILY TUITION

ALL STUDENTS: First & Last Name (oldest to youngest)	2019/2020 Grade	Tuition
1		\$
2		\$
3		\$
4		\$
5		\$
	Total	\$

ADDITIONAL FEES

Technology Fee	<u>Grade</u>	<u>No. of Students</u>		
	1st - 8th		X \$50	
	9th - 12th		X \$100	\$
Outdoor School	<u>Grade</u>	<u>No. of Students</u>		
	6th grade only		X \$220 =	\$
Service Block (optional) May be paid in lieu of Completing service hours requirement.	<u>Grade</u>	30 hrs per family K-8th 15 hrs per family HS		
	1st - 8th	_____ hrs	X \$14/hour	\$
	9th - 12th	_____ hrs	X \$14/hour	\$

TOTAL TUITION AND FEES \$

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FFCS TUITION PAYMENT FORM

(one per family)
2019-2020

Parent/Guardian Name: _____

TUITION CALCULATION

TOTAL TUITION AND FEES (from other side; do not include registration fee)	\$
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PAYMENT SCHEDULE (please select one)

<input type="checkbox"/>	1 PAYMENT to be paid on or before July 3, 2019	\$
<input type="checkbox"/>	10 MONTH PLAN (August 2019—May 2020) Payment starts Aug. 5 or 20, 2019	\$ /mo
<input type="checkbox"/>	12 MONTH PLAN (July 2019—June 2020) Payment starts July 5 or 20, 2019	\$ /mo

PAYMENT DATE for MONTHLY PLANS (please select one) 5th 20th

Monthly payments will be collected by automatic bank or credit card withdrawals through the FACTS system.

Families will set up payments at <https://online.factsmgt.com/register/>.

Registration will not be considered complete until FACTS payments have been set up unless 1 payment option is chosen.

We understand tuition is due on the 5th or 20th of each month and will set up automatic payments with FACTS or pay in full by July 3rd or at time of enrollment. Late payments will result in a \$25 late fee.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date



04. FFCS REGISTRATION
(page one of three) (one per family)
2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Parent/Guardian Name _____

STUDENT INFORMATION (Please print. If you have more than three students, please make additional copies.)

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2019/20 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2019/20 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2019/20 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No



04. FFCS REGISTRATION

(page two of three) (one per family)
2019-2020

Parent/Guardian Name _____

PRIMARY HOUSEHOLD	Home Phone ()	Employment	Other Phones
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Residence Address			
Mailing Address (if different)			
Email Address			

SECONDARY HOUSEHOLD	Home Phone ()	Employment	Other Phones
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Residence Address			
Mailing Address (if different)			
Email Address			

Student(s) lives with (may check more than one):

both parents father only mother only grandparents father/stepmother mother/stepfather other _____

Church now attending: _____

Pastor's Name & Church Mailing Address: _____



04. FFCS REGISTRATION

(page three of three) (one per family)
2019-2020

Parent/Guardian Name _____

EMERGENCY INFORMATION

When injury, illness, or other non-emergency situations occur involving your children, we need to be able to quickly reach families or other responsible adults. **We will call parents/guardians first.** In the event we cannot reach parents/guardians, please list three trustworthy persons who are available during the school day to care for your children. **Please list three contacts other than parents.**

First contact: Parent(s)/Guardian(s) as listed in RenWeb			
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()

How did you hear about FFCS?

Radio Internet Newspaper Ad Social Media FFCS Family* Non-FFCS Family Other: _____

* FFCS Referring Family Name: _____
(To receive credit:)

- **New Family: Must write in referring family name above**
- **Referring Family: Must fill out a New Student Referral Incentive Program form)**

EMERGENCY INFORMATION: I understand that in the event of accident or illness, every effort will be made to contact parents/guardians immediately. If parents/guardians cannot be reached, I authorize school authorities to obtain emergency care for my children.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or grade assignment may be cause for revocation of the student's enrollment or assignment.

Legal Parent/Guardian Signature: _____ Date: _____

STATEMENT OF NONDISCRIMINATION

"Firm Foundation Christian School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. FFCS does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."



05. FFCS STUDENT INFORMATION

(page one of three) 2019-2020

Office Use Only
Reviewed by:

School Nurse/Date

This information is needed to keep your child healthy and safe while at school. If your child has a life threatening health condition, it is the parent/guardian's responsibility to notify the school nurse PRIOR to school beginning so that an appropriate plan of care is developed. Both page 1 and page 2 are to be carefully completed by the parent/guardian and returned to the school office with your completed registration packet.

Student Name: _____ Birthday: _____ M or F 2019/20 Grade: _____

HAS YOUR CHILD BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.

	YES	NO	EXPLANATION
Allergies (drugs, food, latex, insects)			
Attention Deficit Disorder			
Attention Deficit Hyperactivity Disorder			
Asthma			
Autism/Asperger's Syndrome			
Bladder/Bowel Concerns			
Blood Disorder			
Cancer			
Cerebral Palsy			
Depression			
Diabetes			
Ear or Hearing Concerns			
Eating Disorder			
Emotional or Psychological Concerns			
Eye or Vision Concerns			
Heart Problems			
Migraine or Severe Headaches			
Orthopedic Conditions			
Seizures			
Skin Concerns			
Spina Bifida			
Other			

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.

	YES	NO	EXPLANATION
Serious illness			
Serious injury			
Surgery			
Hospitalization			



05. STUDENT INFORMATION

(page two of three) 2019-2020

Student Name: _____ Birthday: _____ M or F 2019/20 Grade: _____

DOES YOUR CHILD? Check yes or no and explain all "yes" answers.

	YES	NO	EXPLANATION
Wear glasses			for distance <input type="checkbox"/> for reading <input type="checkbox"/>
Wear contacts			for distance <input type="checkbox"/> for reading <input type="checkbox"/>
Wear hearing aids			left ear <input type="checkbox"/> right ear <input type="checkbox"/>
Have ear ventilation tubes			
Use special medical equipment			
Require special medical procedures/treatments at school <input type="checkbox"/> and/or at home <input type="checkbox"/>			
Have any physical or medical limitations			
Have a condition that prevents full participation in PE			

HEALTH

Concerns: _____

Medication taken: _____

Washington State law requires written authorization from a licensed healthcare provider and parent before any medication (prescription or over-the-counter—this includes cough drops with menthol) may be taken at school. A form is available from the school nurse.

Washington State law also requires an updated "Certificate of Immunization Status" form with all required immunizations completed and on file BEFORE school begins.

	YES	NO	MEDICATION
Is medication needed at home?			
Is medication needed at school?			

Physician's Name: _____ Phone: _____

Clinic: _____

Date of last well-child exam: _____ Preferred hospital in case of an emergency: _____

If you would like more information regarding any health issue concerning your child, please feel free to contact the school nurse.

I understand that the information above will be shared in a confidential manner with appropriate school staff who need to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.

Parent/Guardian Signature: _____ Date: _____



05. STUDENT INFORMATION

(page three of three) 2019-2020

Student Name: _____ Birthday: _____ M or F 2019/20 Grade: _____

AUTHORIZATION

Do you grant permission for your children to be photographed for brochures, newspaper articles, the FFCS website, video and slide productions? Yes No

Do you grant permission for your children to attend scheduled field trips with FFCS? Yes No

RESTRICTIONS

DO NOT release my child to:

A court order prohibiting such release must be on file before staff members can enforce this request.

ETHNIC BACKGROUND (optional):

- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic
- American Indian or Alaska Native
- White, not of Hispanic origin
- Other

Is English the primary language spoken at home? Yes No

If no, please indicate what language _____

Pre-K and Kindergarten only

If you have a student in preschool and/or Kindergarten, please select the day/time preference by circling one:

- | | |
|--------------|-------------------------|
| <u>Pre-K</u> | <u>Kindergarten</u> |
| 3/4 AM | M/W every other Friday |
| 4/5 AM | T/Th every other Friday |
| 4/5 PM | |
| 4/5 PM | |

IF STUDENT IS IN HIGH SCHOOL AND WILL BE DRIVING:

Student Automobile Make

Student Automobile Model

Student Automobile License

Student Drivers License

Parent/Guardian Signature _____ Date _____

STATEMENT OF NONDISCRIMINATION

"Firm Foundation Christian School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. FFCS does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."



06. BACKGROUND CHECK

2019-2020

(page one of two)

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Student Name(s): _____

Each person who volunteers or is employed at Firm Foundation Christian School must undergo a criminal background check. Thank you for your cooperation, as we take our responsibility very seriously to ensure the safety of the students who have been entrusted to us. In addition, our liability insurance now requires background checks of all staff and volunteers at F.F.C.S.

Last Name	First	Middle	Driver's License or ID Number
Address			Home Phone Number
City/State/Zip			Date of Birth
List all other legal names previously used (including maiden name)			Sex: Male Female

Please list each state and county you have resided in since 18 years of age and indicate the length of time spent in each state. (An extra sheet of paper may be used if needed.)

<i>State</i>	<i>County</i>	<i>Dates of Residency</i>	<i>To:</i>
		<i>From:</i>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you EVER been convicted of or are you under pending indictment for ANY misdemeanor, gross misdemeanor or felony crimes? ____ Yes ____ No. If yes, please explain. Include the dates, location/jurisdiction, circumstances, and outcome. An extra sheet of paper may be used and attached when needed. (See example on reverse side of this form.)

I hereby grant to Firm Foundation Christian School permission to check civil or criminal records to verify any statement made on this form.

Applicant's Signature _____

Date _____



06. BACKGROUND CHECK

2019-2020
(page two of two)

Student Name(s): _____

Check any and all that apply and explain on front of this form.

SEXUAL EXPLOITATION OF A CHILD

- Sexual exploitation of a minor
- Dealing in depictions of minor engaged in sexually explicit conduct
- Possession of depictions of minor engaged in sexually explicit conduct
- Processors of depictions of minor engaged in sexually explicit conduct
- Communication with minor for immoral purposes
- Patronizing juvenile prostitute

PHYSICAL NEGLECT OF A CHILD

- Criminal mistreatment in the first degree
- Criminal mistreatment in the second degree
- Withdrawal of life support systems
- Abandonment of dependent person in the first degree
- Abandonment of dependent person in the second degree
- Abandonment of dependent person in the third degree

PHYSICAL INJURY OR DEATH OF A CHILD

- Murder in the first degree
- Murder in the second degree
- Homicide by abuse
- Manslaughter in the first degree
- Manslaughter in the second degree
- Assault in the first degree
- Assault in the second degree
- Assault in the third degree
- Assault in the fourth degree
- Drive-by shooting
- Reckless endangerment
- Promoting a suicide attempt
- Coercion
- Malicious harassment
- Violation of a child abuse restraining order
- Custodial assault
- Assault of a child in the first degree
- Assault of a child in the second degree
- Assault of a child in the third degree
- Interfering with the reporting of domestic violence

SEXUAL OFFENSES WHERE THE CHILD IS THE VICTIM

- Rape in the first degree
- Rape in the second degree
- Rape in the third degree
- Rape of a child in the first degree
- Rape of a child in the second degree
- Rape of a child in the third degree
- Child molestation in the first degree
- Child molestation in the second degree
- Sexual misconduct with a minor in the first degree
- Sexual misconduct with a minor in the second degree
- Indecent liberties

SALE OR PURCHASE OF A CHILD

- Child selling--child buying

THE PROMOTION OF PROSTITUTION OF A CHILD

- Indecent exposure
- Prostitution
- Promoting prostitution in the first degree
- Promoting prostitution in the second degree
- Permitting prostitution
- Patronizing a prostitute

OTHER CRIMES

- First degree arson
- First degree burglary
- Simple assault
- Vehicular homicide
- Vehicular habitual offender
- Reckless driver
- Driving under the influence (DUI, DWI)
- Any other misdemeanor, gross misdemeanor, or felony crime--check and identify on front page.



07. Student Records Request

1919 SW 25th Avenue · Battle Ground, WA 98604
360/687-8382 · Fax 360/687-8799

Previous School _____

Address _____

Phone () _____ Fax () _____

Student's Name

Birthday

Grades Attended

Student's Name

Birthday

Grades Attended

Student's Name

Birthday

Grades Attended

For Office Use Only

Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this student.

- All subjects and grades for the current year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- Standardized test records and scores.
- Immunization and health records.
- Psychological/physiological reports.
- Discipline record.
- Any other information pertinent to understanding the student's individual needs.

Thank you for your cooperation.

FFCS Signature

Title

Date



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
_____	_____	_____	_____	_____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.



Parent/Guardian Signature Required **Date**

I certify that the information provided on this form is correct and verifiable.



Parent/Guardian Signature Required **Date**

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date **Date** **Date** **Date** **Date** **Date**
 MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

 Licensed healthcare provider signature **Date**
 (MD, DO, ND, PA, ARNP)

 Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		



09. FFCS SERVICE HOURS REQUIREMENTS

(one per family)
2019-2020

Parent/Guardian Name: _____

SERVICE HOURS REQUIREMENTS

1. This service block will be 30 hours per family (Grades K-8) and 15 hours per family 9-12th grades. If you have a HS student and a K-8 student, service hours default to 30 hours required. Hours that are not fulfilled will be billed at \$14.00 per hour.
2. Service hours may be pre-paid at any time, but these hours or fees are due by the end of the fourth quarter of the school year. If the volunteer service is not paid for or completed by the end of the school year, the report card and transcripts for your child/children will be held.
3. Volunteers working during school hours must wear modest attire as outlined in the FFCS Student-Parent Handbook.
4. The world and its culture is very open to a wide range of lifestyle choices, yet FFCS holds to high Biblical standards, submitting our lives to the counsel and authority of God's Word. Volunteers are role models and therefore must exemplify Christ-honoring, God-glorifying behavior. Deviation from Scriptural standards is grounds for the school to deny opportunities to volunteer at school or act as field trip chaperones.
5. Volunteers will be under the direct supervision of Firm Foundation Christian School employees.
6. Volunteers are required to sign in at one of the offices and wear a visitor/volunteer badge at all times.
7. F.F.C.S. Board Policy and our insurance carrier now require background checks and two references on ALL volunteers. Background checks on ALL volunteers must be completed **before** any volunteering can occur. Please allow sufficient time for the office to process your background check.

We agree to fulfill the requirements as stated above. If unable to meet these requirements, we will pay \$14.00 an hour for unfulfilled time.

_____ Please add the volunteer service block fee to our monthly payment (\$14.00 per hour)

Signature of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____

Date _____



10. FFCS SERVICE HOURS PREFERENCES AND REFERENCES

(one per family)

Family Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best time of day to reach you: _____

Reference checks are required on all volunteers before approval to volunteer on campus, for fields trips, or other FFCS activities. You must provide two references that are for organizations where the applicant worked or volunteered with minors in the past such as sports clubs, schools, churches, scouting, etc.

Volunteer Categories - Please check all you are interested in.

Misc. Building/Campus:

- Vacuuming
- Tree Trimming
- School Handyman (i.e. window cleaning, gutters, moss control)
- Grounds Cleanup
- Uniform Closet Organization and Folding
- Pressure Washing the buildings and fence

Office:

- Curriculum Sorting (summer hours)
- Scrip ordering TUESDAY
- Scrip distribution FRIDAY
- Box Tops For Education Coordinator

Scheduled In-House Events:

- Grandparents' Day
- Annual Health Screening Help
- Ladies' Christmas Tea
- PK Christmas Program
- K-5th Christmas Program
- Spelling Bee
- K-2nd Easter Program
- 3rd-5th Spring Program
- Art Fair
- "We're Developing" Tea/Breakfast
- K Graduation
- 8th Graduation
- 12th Graduation
- Student of the Month (monthly)

At Home:

- Baking for Special Events
- Staff Meeting Breakfast (monthly)

Fundraiser Events:

- Jog-a-thon
- Auction
- Spring Dessert
- Golf Tournament

References:

Please provide the name of two references for an organization or institution where you have worked with or volunteered with children.

Name: _____ Title: _____

Organization: _____

Organization Address: _____

Phone Number: _____ Email: _____

References:

Please provide the name of two references for an organization or institution where you have worked with or volunteered with children.

Name: _____ Title: _____

Organization: _____

Organization Address: _____

Phone Number: _____ Email: _____



11. FFCS STATEMENT OF FAITH

(one per family)
2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Student Name(s): _____

I believe in God the Father Almighty, Maker of heaven and earth.

I believe in Jesus Christ, His only son, our Lord; who was conceived by the Holy Ghost, born of the Virgin Mary; suffered under Pontius Pilate, was crucified, dead, and buried; He descended into hell (Hades); the third day He rose again from the dead; He ascended into heaven and sitteth on the right hand of God the Father almighty; from thence He shall come to judge the quick (living) and the dead.

I believe in the Holy Ghost, the holy Christian Church, the forgiveness of sins, the resurrection of the body, and the life ever lasting. Amen.

(The Apostle's Creed, above, is found in *Luther's Large and Small Catechism* and the *Book of Concord*.)

FOUNDATIONAL BELIEFS AND TEACHINGS

We believe in the creation of man by the direct act of God (Gen. 1:26-28; Gen. 5:1,2).

We believe that God wonderfully and immutably creates each person as male or female, and those distinct, complimentary genders each and together reflect the image and nature of God. (Gen. 1:26-27.)

We believe in God's covenant of marriage between one man and one woman. We believe God established the family as the primary means by which children will grow in the discipline and instruction of the Lord (Gen. 2:18-25; Deut. 6:4-7; Eph. 6:1-4).

We believe the Bible to be the verbally inspired and only infallible, authoritative, inerrant Word of God (II Tim. 3:16; II Pet. 1:21).

We believe that man is sinful by nature and that regeneration by the Holy Spirit is essential and an absolute necessity for his salvation (Rom. 3:19, 23; John 5:24; Eph. 2:8-19; Titus 3:5,6, John 3:16-19).

Grace Alone: God loves the people of the world, even though they are sinful, rebel against Him and do not deserve His love. He sent Jesus, His Son, to love the unlovable and save the ungodly (Eph. 2:8; Gal. 2:21).

Faith Alone: By his suffering and death as the substitute for all the people of all time, Jesus purchased and won forgiveness and eternal life for them. Those who hear this Good News and believe it have the eternal life it offers. God creates faith in Christ and gives people forgiveness through Him (Rom. 1:17, 3:22a, 3:28, 5:1, 2).

Scripture Alone: The Bible is God's inerrant and infallible Word, in which He reveals His law and His Gospel of Salvation in Jesus Christ. It is the sole rule and norm for Christian believers (Psalm 119:105; II Peter 1:19-21; II Tim. 3:16; Hebrews 4:12).

STATEMENT OF FINAL AUTHORITY ON MATTERS OF FAITH AND CONDUCT

The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of FFCS's faith, doctrine, practice, policy, and discipline, our board of directors is FFCS's final interpretive authority on the Bible's meaning and application.

I have read, understand, and agree to support the above statement and understand that this is the Statement of Faith adopted for Firm Foundation Christian School.

Signature of Parent or Guardian _____ Date _____



12. FFCS DISCIPLINE POLICY

(one per family)
2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Student Name(s): _____

RULES

1. OBEY ALL TEACHERS AND SUPERVISING ADULTS.
2. USE BODY, WORDS AND OBJECTS APPROPRIATELY.
3. RESPECT OTHERS AND THEIR PROPERTY.
4. WORK QUIETLY WITHOUT DISTURBING OTHERS.
5. ALWAYS BE PREPARED – COMPLETE ALL ASSIGNMENTS.

We desire to see an increase of self-motivated servant leaders, whose hard work is marked by joy, fueled by grace, and motivated by love for God and others.

Using the Gospel as the instrument of change, as “the power of God unto salvation to them that believe,” we have created the 4G’s as our school-wide philosophy of discipline.

THE GREATEST COMMANDMENT

•Love GOD (Matt. 22:37,38)

THE GOLDEN RULE

•Love Others (Matt. 22:39)

THE GOSPEL

•Freely Forgiven (Romans 5:8)

THE GREAT COMMISSION

•Point others to Jesus (Matthew 28:18-20)

CONSEQUENCES

FIRST INFRACTION: Student is informed of misbehavior.

SECOND INFRACTION: Student is again informed of misbehavior and student will have consequences. Disciplinary action may vary from class to class and are determined by the teacher. Teachers may choose to: 1.) Have student sit/work apart from group/class; 2.) Assign a time-out or recovery; 3.) Take away recess time; 4.) Send student to another class with assignments; 5.) Send student to the office with assignments; and/or 6.) Detention (for 4th –12th grades only) will be required within one week. Notice may be sent home.

THIRD INFRACTION: Student is informed of misbehavior. Parents may be requested to pick up the child for the remainder of the school day or the student may be sent to the office for the remainder of the day with his/her assignments. Student may be given additional assignments regarding proper behavior and/or more detention or in-school suspension. Parents will be contacted by telephone, email, or a note sent home. (Detention will be required the following detention day.) The teacher may require a meeting with parents and students.

Major offenses such as fighting, harassment, inappropriate language, alcohol, drugs or pornography related issues, disrespect for authority, and/or destruction of property require immediate action and will be handled as follows:

The administrator will notify the student’s parents by phone.

Parents may be required to pick up their child immediately.

The student will remain in the office until a parent arrives.

Parents need permission from the administrator before student can return to class.

Under certain circumstances, suspension, probation, and/or expulsion may be necessary.

All school rules apply on all field trips and on all school-sponsored events on the school campus and away from it.

Major discipline problems are defined as those which cause substantial disruption and/or illegal disruption of the educational process at FFCS, those which endanger the safety and wellbeing of another, or those that are illegal and/or electronic in nature off-campus any time or day of the week. They could be grounds for suspension or expulsion even for a first offense.

Signature of Parent or Guardian _____

Date _____



Welcome to Firm Foundation Christian School!

Dear Parents:

We are very blessed to be a thriving Christian school in North Clark County serving families and students from pre-school age through high school graduation since 1995. We focus on high quality academics and Christ-like character and thank you for entrusting your child into our care as we partner together in your child's educational experience. We desire a well-balanced education: academically, socially, spiritually, physically and emotionally for each and every child.

Open enrollment for new families begins on March 1, 2019, and we encourage you to check out our Lasting Legacy Program.

Your children are a gift from the Lord. We want to serve Him first and you as the parents of the children under our care. Please continue your prayers for our students, staff, school and families. God has created each child as a unique individual and we desire to meet each student's needs in a safe and loving environment.

May this registration process be a heart decision for you as parents. Your child will be cared for and loved in this academic environment that emphasizes a Bible-based worldview.

Blessings,

Mrs. Julie Olson, Administrator

Mrs. Sarah Bourne , Vice Principal, Elementary

Mrs. Staci Jones, Registrar

Mrs. Wendy Baker, Secretary/Enrollment Specialist

Mrs. Marie Zinke, Office Secretary

Mrs. Sheryl Graham, Office Secretary



FFCS ADMISSIONS POLICY 2019-2020

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1. The parents/guardians must agree in writing to:
 - a. support the Statement of Faith and agree to have their children educated in accordance with the Statement.
 - b. support the Discipline Policy for Firm Foundation Christian School.
 - c. abide by the rules, policies and procedures contained in the student handbooks; this includes, but is not limited to the FFCS Parent/School Covenants and the Sexual Morality/Sexual Conduct Policy.
 - d. meet all tuition and other financial obligations.
2. Prospective preschool students must be 3 years old by September 1st of their entering year for the 3/4 year old class, or 4 years old by September 1st of their entering year for the 4/5 year old class.
3. Prospective kindergarten students must be 5 years old by September 1st of their entering year.
4. Prospective students and parents/guardians may be interviewed by the school administrator and registrar (required for middle school and high school students).
5. Provided the enrollment packets are completed and returned by the appropriate date, Firm Foundation Christian School's priority for enrollment is as follows:
 - a. Students who are currently enrolled have priority placement for the following year's enrollment, and have the opportunity to enroll prior to open enrollment.
 - b. Siblings of currently enrolled students and students of teachers and staff at FFCS have second priority prior to open enrollment as long as the class does not exceed capacity.
 - c. Students of parents who are members of the Apostolic Lutheran Church have third priority prior to open enrollment as long as the class does not exceed capacity.
 - d. Once open enrollment begins on March 1st, all students will be enrolled on a first-come, first-served basis.
6. Grade placement for newly enrolled students is only temporary at the time of enrollment. Grade placements are not finalized until enrollment testing is completed (and meeting with administration for middle school/high school students).
7. Firm Foundation Christian School is not equipped to enroll students who require help from specially trained personnel or those who have a record of serious discipline or psychological problems.
8. Firm Foundation Christian School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
9. All completed enrollment forms must accompany the registration fee before the application can be processed.

(School Board Approved: January, 2008; revised August 2015 and January 2017)



FFCS ENROLLMENT PROCEDURES

2019-2020

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

- A. Complete the entire enrollment packet, which includes:
1. Family Checklist (one per family)
 2. Tuition Payment Form (one per family)
 3. Tuition Calculation Form (one per family)
 4. Service Hours Guidelines (one per family for K-12th grades)
 5. Service Hours Preferences Form (one per family for K-12th grades)
 6. Background Check Form (one per volunteer)
 7. Student Records Request Form (one for each prospective student grades 1st—12th)
 8. Registration Form (one per family)
 9. Student Information Form (one for each prospective student)
 10. Certificate of Immunization Status (one for each prospective student, information from doctor's records to be transferred by the parent/guardian to the form)
 11. Statement of Faith (one per family)
 12. Discipline Policy Form (one per family)
 13. Copy of Birth Certificate (one for each prospective student)
 14. Copy of most recent grade report and transcript for High School
 15. Copy of IEP—required if student has one from current school
- B. Submit the entire enrollment packet with the non-refundable registration fee to the office in Building B. Families choosing a monthly payment plan will be emailed a link and special code to set up automatic payments in the FACTS payment system. **Enrollment is not complete until this is set up.**
- C. Until entrance testing is successfully completed, all grade placements are temporary. Entrance testing may be waived for applicants who can supply the most recent SAT/CAT, Iowa Basics test results, or other accepted standardized test.
- D. Elementary: An interview may be scheduled with the applicant and at least one parent/guardian.
Middle School/High School: An interview will be scheduled for all new 6th-12th grade students/families with the principal and registrar and at least one parent/guardian.
- E. Additional procedures for high school only:
1. Transcript Evaluation
 2. Entrance Essay
 3. Parent/Guardian will be notified of final acceptance

Entrance testing for kindergarten is generally conducted at the beginning of the summer. The school will contact parents to set up the date and time. Kindergarten testing usually takes approximately one hour. First grade testing is generally conducted during the summer. The school will contact parents to set up the date and time. First grade testing usually takes approximately twenty minutes. Testing for grades two and above generally takes one to one and a half hours and begins in July. The school will contact parents to set up a testing time.



- Grades: Preschool through 12th Grade
- Enrollment: 350 (approximately) Student/Teacher Ratio: 17:1 (estimate)
- Registration Fee: \$150/one student*, non-refundable
\$250/two or more students*, non-refundable,
- Tuition & Fees Please see Tuition Calculation Form
- Uniforms Preschool: Casual attire
K-8th Grade: Yes, Lands End Uniforms or Tommy Hilfiger Uniforms
High School: Casual attire; Professional Casual attire on Chapel Day (see FFCS High School Handbook for Guidelines).
- Hours 8:15 am—3:00 pm, Kindergarten through 5th grade (need to be in class by 8:10 am)
8:00 am—3:00 pm, Middle School & High School (need to be in class by 7:55 am)
Kindergarten: Monday, Wednesday, every other Friday **OR**
Tuesday, Thursday, every other Friday
Preschool: Monday, Wednesday, Friday (4 & 5 years old, AM or PM classes)
Tuesday, Thursday (3 & 4 years old, AM class)
AM Class: 8:30 –11:00 am PM Class: 12:15—2:45 pm
- Curriculum ABeka, BJU Press, Summit and ACSI
- Certified State of Washington Private School
- Accreditation AdvancED/NWAC (Northwest Accreditation Commission)
ACSI (Association of Christian Schools International)
- Child Care Before Care, 7:00—8:00 am After Care, After school until 6:00 pm
- Music K-5th Music Classes, Middle School & High School Music Elective, Christmas & Spring Programs
- Art K-5th Bi-Monthly Classes, 6th-12th Art Electives
- Sports Physical Education Classes and After School Sports (Basketball, Soccer, Volleyball, and Track based on age, interest and volunteer coaches availability)
- Additional Weekly Chapel, Educational and Fun Field Trips, Hot Lunch, After School Classes, Electives (6th-12th Grades), a learning resource center, Tutoring

NOTE: Additional costs including Hot Lunch/Milk, After School Tutoring, The Learning Resource Center, Before/After Care, After School Classes, and Sports are charged if your student participates.