



Returning Student Packet

Included in this packet is:

1. **Student RE-Enrollment Form** (may also be completed online). This form should be completed to begin the process for class registration.
2. **Campus Policy Agreement Form** We will need a new one each year. This form must be read and signed by both the student and the parent prior to entry the first day of classes. If parents are not planning to leave campus, this form is not needed. If you have questions, you may email your questions to dj@fullcircleacademync.com
3. **Medical Release Form** You may review the form that we currently have to see if anything has changed. This form must be on file by the first day of class, in case of an emergency. If parents are not planning to leave campus, this form is not required.
4. **FCA Class Schedule Planning Worksheet** This worksheet is used for your planning. Class schedules and descriptions can be found online to save printing costs. You will use this form to complete the online registration form. If you prefer to do all of your registration on paper (instead of online), you may return this form in lieu of the online registration form. Please make a copy to keep for your records. We can create a statement from this. Reserving your student's space in the class is still on a first-come-first-serve basis and is determined by when the online registration (or planning worksheet) is received by our staff. All of our classes do have maximum student limits.
5. **Tuition and Fees Agreement** This form should be completed as soon as the classes have been selected and a plan for paying tuition is determined. If tuition and fees are paid prior to July 1, this form is not necessary AND you may take a 5% discount off your class tuition amount. It is necessary that we receive this form by July 31 or your student's reservation in the classes will be forfeited. We understand that there is sensitive information on this form. It may be mailed or returned in person (see summer office hours online). As soon as your account is paid in full, this form will be destroyed.
6. **Academic Year Calendar** This is for your reference. Please notice class days, holidays and quarter breaks. First week of class is August 7. It is earlier than traditional school but it allows us to complete one semester before Christmas and classes end May 10, 2018, leaving a longer summer break.

Full Circle Academy

2017-2018 Re-Enrollment

Note: This form is for Returning Students only.
New students should complete Student Application and Personal Recommendation Forms.

STUDENT INFORMATION:

Student's Name _____ Birth Date _____

How would you like Full Circle Academy to aide in your child's education this year?

Re-Enrollment Fee is \$10.00 per student.

(Note: If you refer a new student who registers and attends, the re-enrollment fee is refundable. It will be deducted from your tuition.)

Please review the following items:

- ☐ I want to enroll this student for classes at Full Circle Academy for the academic year 2017-2018.
- ☐ I understand that the completion of this form and payment of the re-enrollment fee will hold this student's place in the order of receipt (date and time) to be used by the administration of Full Circle Academy to assign class selections, according to the policy outlined below.
- ☐ I have reviewed my previous Student Application and made necessary changes.
- ☐ I have reviewed my previous Medical Release Form and made necessary changes.

Class Assignment Policy:

- FCA Staff will place students in classes based on the order their re-enrollment forms and fee were received. Students will be notified with the list of classes which they are registered or on the waiting list. If a student has selected two (2) classes at the same hour and day, they will be placed in the class that is listed first on the Class Registration Form, if there is room in the class. If that class is full, the student will be placed on the waitlist and registered for next class at the same hour.
- New classes may be added after the initial list is posted. These classes will be posted via email and our website and will be filled in the same order as previously described. For example, FCA staff will use the original order of re-enrollment forms to fill classes and create waiting lists.
- FCA staff will contact you if you are on the waitlist and space is opened in the class.
- Any questions regarding this policy should be directed to DJ Fullwood via email dj@fullcircleacademync.com

Please return with \$10 Re-Enrollment Fee (Non-Refundable), to:

Full Circle Academy 175 Sims Pkwy Harrisburg, NC 28075 (By U.S. Mail or in person)

Fee May Be Paid Online with your Class Registration Form

For FCA Office Use:

Cash Amount _____ Check Amount _____ Check # _____ Date/Time _____ FCA Rep _____

***This form has 2 pages

Friend Referrals

List anyone who you would like us to send information about classes, activities and events for 2017-2018. These names and email addresses will only be used for the purpose of notifying them of these items. We will not sell or give personal information to anyone else. Your friends will have the opportunity to unsubscribe at any time at the end of any email.

Student Name _____ **Age** _____

Parent Name _____ Email address _____

Comments _____

Student Name _____ **Age** _____

Parent Name _____ Email address _____

Comments _____

Student Name _____ **Age** _____

Parent Name _____ Email address _____

Comments _____

Class Recommendations

Please list any class you think would be a good fit for Full Circle Academy.
If you have contact information for someone who teaches a great class, please list here.

Class Title/Description _____

Instructor Contact Information _____

Class Title/Description _____

Instructor Contact Information _____

Class Title/Description _____

Instructor Contact Information _____

2017-2018 Full Circle Academy Campus Policy Agreement

Parent Section

I understand, as a parent of a student at Full Circle Academy, that my student is being held responsible to conduct themselves in a mature manner and act with respect toward students and adults he/she encounters at Full Circle Academy. I understand that if my student does not adhere to the terms of this agreement, I will be asked to accompany my student whenever he/she is on campus or refrain from bringing my student to Full Circle Academy. I further understand that the accompaniment or dismissal of my student does not change the amount of tuition that is due for classes.

I know that my student may come and go throughout the campus (including the parking lot) freely, without direct supervision. I know that some students do leave campus to go to various businesses or the park. My student _____

☐ Is

☐ Is Not

allowed to leave the campus during the day, between the time that I drop him/her at Full Circle Academy and the time that I pick him/her up.

These are my specific instructions to my student (named above) concerning my expectations regarding their allowance to leave the campus. (please be specific)

☐ I used the back of this page to continue my expectations for my student.

I understand the staff of Full Circle Academy is not responsible to enforce this agreement but only to be aware there is an agreement between me and my student. If asked, the staff of Full Circle Academy will show/read this information to my student. I will hold harmless any employee or staff member of Full Circle Academy if my student does not adhere to this policy as written.

Parent Signature _____ Date _____

Student Section

I, _____ (student) do understand the expectations listed here and I agree to obey this policy as written by my parent or guardian. I understand that if any portion of this agreement is broken, it may result in my dismissal from Full Circle Academy or my parent or guardian may be required to accompany me any time I am at Full Circle Academy. I am aware that the employees and/or staff of Full Circle Academy may not and will not grant special permission that is different than is listed here. In addition, employees and staff of Full Circle Academy will not contact my parent or guardian to request exceptions to this agreement. If the agreement with my parent changes, my parent will complete a new agreement and submit it to a Full Circle Academy staff member in person.

Student Signature _____ Date _____

FULL CIRCLE ACADEMY

2017-2018 Medical Release Form

Student's Name _____ D.O.B. _____ Social
Security Number _____ Gender _____ Grade _____ Home Address _____

Father's Name _____

Father's Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____

Mother's Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

If for any reason, I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Phone: Home _____ Cell _____

Name: _____ Phone: Home _____ Cell _____

Child's Physician _____ Physician's Phone _____

Food allergies/sensitivities _____

Medication allergies/sensitivities _____

Existing medical problems _____

Medications child is taking _____

Additional comments _____

Insurance Coverage: Company _____ Policy Number _____

[] Check here if you do not carry health insurance for this child.

Ins. Claim Phone # _____ - _____ - _____ Subscriber No. _____

Insured's Employer _____

Insured's relationship to child _____

In the event that Full Circle Academy is unable to reach any of the individuals named above promptly by phone, I/we authorize a Full Circle Academy's representative to seek and secure any emergency medical or surgical care for my/our child. I/We agree to be personally responsible for the payment of such medical expenses incurred. I/We authorize any charges to be submitted to my/our insurance company. I/We further authorize the facility at which surgical or medical care is rendered to release all necessary information to my/our insurance company for purposes of reimbursement.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Full Circle Academy

Tuition and Fees Agreement 2017-2018

The purpose of this document is to establish automatic draft permission for tuition fees.

This form will be destroyed or returned as soon as the tuition is paid in full.

Parent Information (or person responsible for tuition and fees):

Name(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Amounts Due at Registration:

New Student Application Fee of \$50.00 (for new students only)

Re-enrollment Fee of \$10.00 (for returning students only)

Class Registration Fee of \$50.00 per class. (*Max \$150.00 per student. Max \$450.00 per family*)

Materials Fee of varying amounts, as listed on the class description.

Amount of tuition is payable in full at the time of registration.

Full Circle Academy allows partial payments as described below.

- 1. Families may pay student's tuition in payments of any amount desired to reduce their balance up to July 31. On August 1 the tuition balance owed will be divided by 5 payments, which will be set up to be paid over the following five months (Aug, Sep, Oct, Nov, Dec).**
- 2. Families may choose to have the balance payment drafted from a checking account or charged to a debit/credit card detailed on the back of this form.**
- 3. Families may select the day of the month (1st or 15th) their payment will be drafted, as detailed on the back of this form.**

Insufficient Funds: Any check or draft drawn on an insufficient account will be charged a fee \$25.00, which is payable with the balance owed. It will be drafted on the next payment date.

Late Fees: If a payment cannot be drafted, you will have 5 business days to bring in payment. If payment is delinquent more than 30 days, your child will not be permitted to attend classes until all delinquent tuition and late fees have been paid in full.

Student Withdrawal and Refund Policy: Since hiring of staff and instructors are based on enrollment, parents will be expected to honor their full year commitment of tuition. If a student is withdrawn, the parent may pay the balance in full or allow Full Circle Academy to continue to draft / charge the regular payment until the balance is zero.

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Course Cancellation: Full Circle Academy reserves the right to cancel any course if minimum class sizes are not met. If a course is canceled, all tuition, registration, and materials fees paid related to the canceled course will be returned.

Authorization of Transaction: I authorize Full Circle Academy to collect payment automatically as detailed below. If I choose a checking transaction, I have included a voided check. If I prefer a debit/credit card transaction, I have supplied my card information here. This card will only be used to collect payments listed below.

Name on the card _____

Card Number _____ - _____ - _____ - _____

Card Expiration Date ____/____ 3-digit security number _____

Payment to be collected:

The total amount drafted will be \$ _____ less any amounts paid by July 31.

I agree that any changes to my student's registration will be added /deducted to/from this amount and alterations will be made to the monthly amount collected.

If no changes and no payments are made prior to July 31, I understand the following amount will be charged to my account on the date specified.

\$ _____ Aug 1, Sep 1, Oct 1, Nov 1, Dec 1 of the current year.

\$ _____ Aug 15, Sep 15, Oct 15, Nov 15, Dec 15 of the current year.

Parent Acknowledgement and Signature: I have reviewed the Full Circle Academy 2017-2018 Tuition and Fees Agreement and agree to pay the total tuition for supplemental and enrichment courses according to the schedule set out above. I agree not to block the transaction to be made to Full Circle Academy.

I UNDERSTAND AND HAVE READ THE ABOVE TUITION AND FEES AGREEMENT. I UNDERSTAND THAT MY CHILD IS ENROLLED WHEN BOTH THE PARENT AND FULL CIRCLE ACADEMY HAVE SIGNED THIS AGREEMENT AND THE APPLICATION FEE, REGISTRATION FEE and MATERIALS FEE IS PAID.

Parent or Responsible Party Signature: _____

Must be the same as the name on the checking account or name on debit/credit card used.

Print Name: _____ **Date:** _____

Full Circle Academy Representative Signature: _____

Print Name: _____ **Date:** _____

FCA Class Schedule Planning Worksheet

Student Name _____

Time	Monday	Tuesday	Wednesday	Thursday
8:30-9:20				
9:30- 10:20				
10:30- 11:20				
11:30- 12:20				
12:30- 1:00	lunch	Lunch	lunch	lunch
1:00- 1:50				
2:00- 2:50				
3:00- 3:50				
4:00-4:50				
other				

Comments: