

New Frontiers Christian Academy

Teach me to do your will for you are my God; may your good Spirit lead me on level ground.
Psalm 143:10



ENROLLMENT PACKET 2017 -
2018

New Frontiers



Christian Academy

Student: _____ Date of Birth/Grade: _____
Enrollment Date: _____ Folder Verified By/On: _____

List of Items Required for Student Cumulative Folder:

- Copy of Birth Certificate and/or Social Security Card
- Copies of Previous Academic Transcripts
- Enrollment Booklet
 - Application for Admission
 - Account Set-Up
 - Student Information Form
 - Authorization for Emergency Medical Treatment
 - Health Requirements
 - Tuition Agreement
 - Parent/Guardian Agreement
 - Honor Code
 - Parent/Teacher Group Form
 - Teacher Information Sheet
- Permanent School Record
- Attendance and Grades with Record of Scores
- Record of Discipline
- Graduation Plan (for grades 9-12)
- Health History
- Hearing and Vision Screening
- Extra-Curricular Activities

New Frontiers Christian Academy

Basic Tuition Overview 2017-2018

<u>Primary Classes</u>	<u>Early Registration</u> March 1, 2017 – May 10, 2017 <u>Full Time Tuition</u> <i>Monday through Thursday full time; all tutorials included</i>	<u>Full Time Tuition</u> <i>Monday through Thursday full time; all tutorials included</i>
Kindergarten	\$3300	\$3500
First Grade	\$3300	\$3500
Second Grade	\$3400	\$3600
Third Grade	\$3400	\$3600
Fourth Grade	\$3500	\$3700
Fifth Grade	\$3500	\$3700
<u>Secondary Classes</u> <u>Jr. High Level</u>	<u>Full Time Tuition</u> <i>Monday through Thursday full time; all tutorials included</i>	<u>Full Time Tuition</u> <i>Monday through Thursday full time; all tutorials included</i>
Sixth Grade	\$3900	\$4100
Seventh Grade	\$3900	\$4100
Eighth Grade	\$3900	\$4100
<u>Secondary Classes</u> <u>High School Level</u>	<u>Full Time Tuition</u> <i>Monday through Thursday full time, all tutorials included</i>	<u>Full Time Tuition</u> <i>Monday through Thursday full time; all tutorials included</i>
Ninth Grade	\$4400	\$4600
Tenth Grade	\$4400	\$4600
Eleventh Grade	\$4500	\$4600
Twelfth Grade	\$4500	\$4600

- ❖ *Fees outlined above are tuition only and do not include testing, application, enrollment, or textbook fees. Non-consumable textbooks remain the property of NFCA. All fees are non-refundable.*
- ❖ *Full time fees assume enrollment in ALL tutorials.*
- ❖ *Application fees, registration fees, and textbook fees are non-refundable.*
- ❖ *Once application has been approved, the tuition agreement becomes a binding contract and all fees are expected, even if a student withdraws before the school year is complete.*
- ❖ *All tuition fees are payable annually or monthly: August 1st through May 1st via cash, check or credit card.*
- ❖ **Multi-Family Discounts**
 - **2 Students \$100**
 - **3 Students \$150**
 - **4 Students \$200**

New Frontiers Christian Academy

Tuition Agreement 2017-2018

Student Name: _____
 Student Name: _____
 Student Name: _____

Entering Grade: _____
 Entering Grade: _____
 Entering Grade: _____

Check the appropriate boxes and fill in all blanks.

Administrative use only

Upon enrollment of your student, you assume responsibility for the full year of tuition.

Fees must be paid in full upon enrollment, are non-refundable and are not discounted. Non-consumable textbooks are the property of New Frontiers Christian Academy.

Early Registration (March 1, 2017 – May 10, 2017)

Textbook Fees:

☐ \$355

Achievement Testing Fees:

☐ \$50

Supply Fees:

☐ \$60 - 1 student

☐ \$110 - 2 or more students

☐ \$100 – Lab Fee (JR & SR High)

Registration Fees (After May 10, 2017)

Textbook Fees:

☐ \$395

Achievement Testing Fees (NAT):

☐ \$50

Supply Fees:

☐ \$60 - 1 student

☐ \$110 - 2 or more students

☐ \$100 – Lab Fee (JR & SR High)

Tuition may be paid with the following options:

- ☐ Annually (due at the time of enrollment)
- ☐ Bi-Annually (due the first day of each semester)
- ☐ Monthly (NINE month payout only: September 1st through May 1st)

Payments are a part of a yearly contracted fee, there are no discounts for absences, illness, holidays, or days closed for inclement weather.

In the event a student withdraws from the program, the remainder of the tuition balance for the year is due and payable upon withdrawal. Application fees, enrollment fees, textbook fees, and pre-paid tuition are non-refundable.

I understand that late tuition payments may result in the termination of this contract and the total tuition for the balance of the school year will become due and payable immediately.

I have read the regulations regarding tuition and agree to them. Further, I agree that in the event my student withdraws from the program, the remainder of the tuition balance for the year is due and payable upon withdrawal.

The School accepts all students regardless of race, sex, color or religion but reserves the right to refuse any application for enrollment if the applicant does not meet the academic or merit requirements of the School. The School reserves the right to request the applicant's withdrawal from the school if after consultation of all parties concerned, at the sole discretion of the School's administration, the student's progress or student or parent conduct, demonstrates disharmony with the School's policies or standards. It is understood that the School reserves the right to withhold instructional services and/or the transmission of records either to the student and family or to other institutions in the event that monies are owed to the School. I understand that this contract is a school-year contract. De-active accounts that remain delinquent beyond 60 days will be collected through the Van Zandt County court system.

Textbook Fee:
Supply Fee:
NAT Testing Fee:
Lab Fees:
Total Fees:
Annual Tuition:
TOTAL DUE:
Discount/Scholarship _____ Amount:
Balance Due:
Check # _____ Amount _____ Cash _____
For personal monthly payments: \$ _____ / _____ months = \$ _____ monthly payment - must be paid on the 1 st of each month beginning in _____, 2017 and ending May 1 st , 2018.

 Parent Signature

 Date

APPLICATION PROCEDURES

Please note that the following items are needed for an applicant to be eligible and make application for admission:

- The completed application form.
- Academic transcripts or progress reports for the last three years (if applicable).
- Updated immunization records or immunization waivers from the State of Texas.
- Standardized testing results (if applicable).
- Any diagnostic test resulting and recommendations made by qualified professionals which will assist in accommodating the academic, social and/or emotional needs of your child.

All FEES are non-refundable once the child is invited to enroll. All FEES are required PAID IN FULL before a child is invited to be enrolled.

Notification regarding admission decisions will be made within ten days, or at the time of application, providing that the enrollment forms are complete, space is available, and the appropriate fees are paid.

CAMPUS TOURS

Tours of New Frontiers Christian Academy campus are scheduled by appointment.
Tours may be scheduled by calling the school office at 903-873-2440.

PROSPECTIVE STUDENTS

Interested applicants are encouraged to spend a day on the New Frontiers Christian Academy campus in our "Shadowing Program". In the "Shadowing Program" a volunteer "buddy" will be paired with the applicant to make the day enjoyable by escorting him/her to class, performing introductions to other students, faculty members and, acclimating the prospective student into the routine of the classes.

New Frontiers Christian Academy admits students without regard to race, sex, color or religion in the administration of its admission and educational policies, financial aid programs, employment practices, and other school administered programs.

24385 Interstate 20, Wills Point, Texas 75169

APPLICATION FOR ADMISSION	
School Year 2017 to 2018	
FOR ADMINISTRATIVE USE ONLY	
_____ Student Application	_____ Notarized Emergency Form
_____ Fee Paid w/ Application: Date Paid _____	_____ Signed Financial Agreement
_____ Updated Immunization	
_____ Achievement Test Fee: Date Paid _____	

Information to be completed by parent or legal guardian.	
Date of Application: ____/____/____ Intended Date of Admission: ____/____/____	
Name of Student: _____	Date of Birth: ____/____/____
Student's Social Security Number: _____	Student's Gender: M F
Student's Current Grade: _____	Grade Applying For: _____
How did you hear about New Frontiers Christian Academy?	
<input type="checkbox"/> Newspaper (which?) _____	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Web site
<input type="checkbox"/> Referral (Please give name) _____	
<input type="checkbox"/> Other: _____	

ACADEMIC PROGRAM OPTIONS	
(PLEASE CHECK ALL THAT APPLY.)	
<input type="checkbox"/> Primary <input type="checkbox"/> Jr. High <input type="checkbox"/> High School	
Hours listed indicate academic schedule.	
<input type="checkbox"/> Full Time Private School (K-12)	

Schools (& Addresses) Student has attended in the past 3 years (if applicable):

I have received, read, and agree to policies set forth in the "Parent Student Handbook"

(Parent/Guardian Signature)

ACCOUNT SET-UP

This page must be submitted to the business office immediately upon application.

NEW FRONTIERS CHRISTIAN ACADEMY

What individual(s) will be financially responsible for all payments due through the end of the school year?

Please Print Name _____ Please Print Name _____

Address _____ Address _____

Phone# _____ Phone# _____

Driver's License _____ Driver's License _____

Social Security _____ Social Security _____

Signature of Financially Responsible Party _____ Signature of Financially Responsible Party _____

ACKNOWLEDGEMENT:

I understand that the Financial Policy is outlined in the Tuition Agreement found herein. I understand that withholding or misrepresenting information requested in this application may jeopardize the applicant's admission or enrollment at New Frontiers Christian Academy. My signature below indicates that all information contained in this application is correct and honestly presented.

Signature(s) of Parent(s) or Guardian(s): _____

Date of Signing: ____/____/____

Student Name: _____ Date of Birth: ____/____/____

Grade Applying For: _____ Date of Admission: ____/____/____

Parents' Names: _____

Full Address: _____

Father's Cell Phone: _____ Work Phone: _____

Mother's Cell Phone: _____ Work Phone: _____

NEW FRONTIERS CHRISTIAN ACADEMY 2017-2018			
STUDENT'S NAME		DOB:	HOME PHONE:
HOME ADDRESS			
DATE OF ADMISSION		GRADE IN 2017-2018 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Please list the school student last attended: _____			
Please attach a copy of all applicable grade reports and test scores.			
Has your child been dismissed, suspended from or denied readmission to any school for any reason? _____			
If yes, please explain: _____			
FATHER'S INFORMATION		MOTHER'S INFORMATION	
Name: <input type="checkbox"/> Step?		Name: <input type="checkbox"/> Step?	
Work Place:		Work Place:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
E-Mail:		E-Mail:	
Driver's License #:		Driver's License #:	
Parents' Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D		Child lives with: _____	
Names and Ages of Siblings: _____			
EMERGENCY CONTACTS AND AUTHORIZATION FOR RELEASE			
I hereby authorize the school to contact the following people in case of an emergency if I cannot be reached, and further, to allow my child to leave the facility ONLY with the following persons (additional names and information may be added to the back of this page if necessary.) By law, all blanks, including address and phone number, must be filled in.			
Name	Address	Phone Number	Relationship to child
MISCELLANEOUS PERMISSIONS			
1. TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised on <i>(approved, with advance notice)</i> field trips or other activities requiring transportation by facility's staff.			
2. WEB SITE (www.lcacanton.com): I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent <i>(for security reasons, no names will ever be included on the website)</i> for my child's pictures to be included on the web site.			
3. PHOTOGRAPH RELEASE: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give New Frontiers Christian Academy and their advertiser, permission to use, publish, reproduce and copyright photographs or other likenesses of my child, without compensation, for advertisement or training purposes. Photographs may be included in whole or in part in connection with the school's advertising or teacher training, such as the school's website, magazine ads, new publications and brochures. I consent to all printed advertising and publications by New Frontiers Christian Academy. I further permit the school to distort, retouch, alter, blur or create and optional illusion in pictures made in connection herewith.			
4. SCHOOL ACTIVITIES: I hereby give permission for my child to participate in all on-site school activities and events, unless I give notification otherwise.			
Parent Signature: _____		Date: / /	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic)	Address	Telephone No.
<p>In order to meet all legal requirements, I hereby authorize the staff of New Frontiers Christian Academy to give consent for any and all necessary emergency medical care for my child _____, while said child is in their custody.</p> <p>_____</p> <p>Parent or Legal Guardian's Signature</p>		
MEDICAL HISTORY		
<p>List any special problems that your child may have; <u>this includes allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medication presented for long-term continuous use.</u></p> <p>Write N/A if there are none.</p> <p>List any other information of which staff should be aware:</p> <p>_____</p> <p>_____</p>		
<p>In the event of a minor complaint, New Frontiers Christian Academy may administer to my child: _____ in accordance with labeled dosing instructions:</p> <p><input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Cough Drop <input type="checkbox"/> Antacid <input type="checkbox"/> Antihistamine <input type="checkbox"/> Essential Oils</p> <p>Parent Signature: _____ Date: _____</p>		

HEALTH REQUIREMENTS					
<i>This must be filled out by your health professional each year and returned to the school office with your application.</i>					
Name of Child: _____			Date of Birth: _____		
IMMUNIZATIONS	Date/dose 1	Date/dose 2	Date/dose 3	Date/booster	Date/booster
DPT/TD					
POLIO					
T.B. TEST: (if required)					
MEASLES / Rubella					
MMR: Vaccine					
H.I.B.					
VARICELLA					
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Signature of Physician or Health Personnel Date </div>					
DOCTOR'S STATEMENT					
<p>The State of Texas requires that all public school children, preschool through 12th grade school have in their files the following statement from their doctor:</p> <p>"The student, _____ is physically able to participate in a physical education program."</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Signature of Physician or Health Personnel Date </div>					
ADMISSION REQUIREMENT					
<p>Please present one of the following when your child is admitted to the school. Check to indicate the option you select:</p> <p>*[] PARENT'S STATEMENT: My child has an appointment for a physical examination.</p> <p>*[] PARENT'S STATEMENT: My child has been examined by a physician within the last year.</p> <p>Date: _____</p>					
PHYSICIAN INFORMATION (REQUIRED)					
<p>Name : _____</p> <p>Address : _____</p> <p>City, State, Zip : _____</p> <p>Phone: _____</p>					

IMMUNIZATIONS ARE VOLUNTARY AT NFCA, THOUGH THEY ARE ENCOURAGED. A NOTE FROM THE PARENTS MUST BE ON FILE IF OPTING OUT OF IMMUNIZATIONS.

THE INFORMATION BELOW MUST BE COMPLETED BEFORE THE APPLICANT WILL BE ADMITTED TO THE CLASSROOM.

A new enrollment packet is required every Fall.

- 1) Completed application form for Private School.
- 2) Notarized authorization for emergency medical care.
- 3) Standardized achievement test for all students (test will be administered by NFCA unless waived)
- 4) Contract/financial agreement.
- 5) Previous academic records, if applicable.

It is recognized that the school reserves the right to dismiss any Student, if and when in the sole discretion of the School, his/her presence in the School, is judged not to be in the best interests of the Student or deemed to be detrimental to the welfare of the School. Parents/Legal Guardians and students are to comply with all reasonable rules and regulations of the School as amended from time to time at the sole discretion of the School's Board of Directors.

THE UNDERSIGNED RECOGNIZES THAT THE SCHOOL ENTERS INTO SUBSTANTIAL FINANCIAL COMMITMENTS FOR INSTRUCTORS, FACILITIES, AND SUPPLIES IN RELIANCE UPON ITS ENROLLMENT CONTRACTS. IF PARENTS/LEGAL GUARDIANS ELECT TO WITHDRAW THE STUDENT OR IF THE STUDENT IS DISMISSED FOR ANY REASON, NO REFUND WILL BE MADE OF TUITION PAID TO THE DATE OF WITHDRAWAL OR DISMISSAL AND THE ENTIRE UNPAID BALANCE OF TUITION FOR THE SCHOOL YEAR WILL BECOME IMMEDIATELY DUE AND PAYABLE.

The undersigned agrees that it is a policy of the School to allow NO REDUCED RATES for vacation or illness during the school year.

I realize that the School will be closed on Labor Day, the Thanksgiving holidays, Christmas holidays, New Year's holiday, the Easter holiday, Teacher In-Service Days, and Memorial Day. No reductions in tuition will be given for any of these holidays or for other days off as deemed necessary by the administration.

I accept the policies and regulations of New Frontiers Christian Academy and release its officers and directors, New Frontiers Cowboy Church, Mr. and Mrs. Randy Sadler, and any other employee of New Frontiers Christian Academy or New Frontiers Cowboy Church from any and all liabilities for injuries and illnesses that might occur from attendance of my child / children at the School or while in the custody of the School.

I understand that my child's tuition payments are due on the scheduled date (the 1st of each month), provided other arrangements are not made previously (this must be pre-approved). If I choose a monthly payment plan. Should my account payment be paid after the due date, I promise to include a \$25.00 late fee at the time of the payment.

I understand that my child's academic schedule will be interrupted, should my tuition lapse more than one week, but will be reinstated upon payment.

In the event that any action is brought for enforcement of the Contract / Financial Agreement or the collection of any sums due under this Contract / Financial Agreement, Parents / Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the School in addition to any other damages to which the School may be entitled.

Date

Signature of Father / Financial Guardian

Signature of Mother / Financial Guardian

PARENT/GUARDIAN AGREEMENT

Student Name: _____

Grade: _____

1. PURPOSE

I understand that the goals of New Frontiers Christian Academy are not to reform or rehabilitate, but to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship. New Frontiers Christian Academy is a sanctuary where Christian youth are free to pray, sing praises, and worship God without ridicule, humiliation or embarrassment. I understand that students who develop ungodly and unrighteous attitudes, practices, of lifestyle including (but not limited to) the use of drugs, alcohol, or tobacco, whether on campus or off campus will be subject to dismissal.

2. SCHOOL BILL

I understand that my child's teacher and the NFCA staff are paid from tuition money, and I agree to pay my school bill on time, as agreed. Tuition is calculated for the entire school year. Therefore, no reductions or allowances in tuition are expected for vacations, holidays or absences. If my child enters after the school year has begun, the charges for that month will be prorated to each six weeks period.

3. WITHDRAWAL

I agree that should I choose to withdraw my child during the year, I will make an appointment with the school office to sign the proper withdrawal forms. I understand that I am responsible for the tuition and for the remainder of the tuition contract at the time of withdrawal, and that the school bill must be paid in full before records will be released.

4. DISCIPLINE

I believe that discipline is necessary for the welfare of each student as well as for the entire school. I give my permission for my child's teacher and/or other agent of the school to make and enforce regulations and policies in a manner consistent with Christian principles or discipline as set forth in the Scriptures.

5. TRANSPORTATION PERMISSION

I hereby give my permission for New Frontiers Christian Academy to transport my child to and from school sponsored activities.

6. LIABILITY I release New Frontiers Christian Academy and its representatives from liability in the event of accident or injury.

7. SEARCH AND SEIZE I understand that school lockers, bins and desks are property of the school and that the school has a right to open and search lockers, bins and desks. Where there is reasonable and justifiable suspicion, students' possessions, book bags, gym bags, clothing, and/or automobiles may be searched and any items that are in violation of laws (federal, state, or local), or school policy, will be seized.

8. UNIFORM POLICY My child and I have read the uniform policy, and we agree to support it and abide by it in every way.

9. DISPUTE RESOLUTION The parties of this Agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the church (I Cor. 6:1-8; Matt. 18: 15-20).

Parent or Guardian Signature

Date

HONOR CODE

In signing the HONOR CODE, I fully recognize that New Frontiers Christian Academy was founded to be, and is committed, to being a Christian ministry. That it offers a lifestyle of commitment to Jesus Christ as my personal Savior and Lord. It is therefore my commitment to be a person of integrity in my attitude and respect for what NFCA is in its calling to be a Christian School.

1. I PLEDGE to apply myself wholeheartedly to my academic pursuits and to use my mind for the glory of God.
2. I PLEDGE to cultivate good relationships socially with others and to seek to love others as I love myself. I will not cheat. I will not lie. I will not steal. I will not curse.
3. I PLEDGE to keep my total being under subjection from all immoral and illegal acts and habits, whether on or off campus. To this end, I will not take any illegal drug; I will not commit nor condone illicit sexual acts including participating in or condoning homosexual or bisexual behavior; I will not drink alcoholic beverages of any kind; I will not use tobacco. I will not pollute my mind with unwholesome music, literature, programming, movies or other forms of questionable entertainment. I will not engage in other behavior that is contrary to the rules and regulations listed in the Student Policy Handbook.
4. I PLEDGE to attend class punctually, chapel services reverently, and to attend the church of my choice on a regular basis where God is honored and lifted up.
5. I PLEDGE to abide by the rules and regulations, which may from time to time be adopted by the school administration. I understand NFCA is a private Christian school, and I therefore have no vested rights in the governing of the school. I accept my attendance at NFCA as a PRIVILEGE and NOT a right, and that the school reserves the right to require the withdrawal of a student at any time if in the judgment of the administration such action is deemed necessary to safeguard ideals of scholarship or the spiritual and moral atmosphere of it as a Christian school.

New Frontiers Christian Academy's biblical role is to work in conjunction with the home to mold students to be Christ-like. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christ-like life. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school teaches. This includes, but is not necessarily limited to participating in, supporting, or condoning sexual immorality, homosexual activity, or bisexual activity; promoting such practices; or being unable to support the moral principles of the school. (See Leviticus 20:13 and Romans 1:27)

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire HONOR CODE and completes a contract between me and New Frontiers Christian Academy, which is a prerequisite for Graduation and becomes a part of my permanent file.

Student's Signature

Date

Grade

New Frontiers Christian Academy

Teacher Information Sheet

Student Name: _____ DOB: _____

Address: _____

Father: _____ Cell Phone: _____

Email: _____

Mother: _____ Cell Phone: _____

Email: _____

Other Contact: _____ Phone: _____ Email: _____

Other Contact: _____ Phone: _____ Email: _____

Allergies: _____

Other Notes for Teacher: _____

New Frontiers Christian Academy

Parent Teacher Group

The Parent Teacher Group is organized to bring the talents, skills and other assets of the parent body together for the good of the school and to strengthen the fellowship in our community.

Parents are automatically members of the Parent Teacher Group - there are no dues.

Our specific objectives are:

- * To sponsor social, cultural, educational and fund-raising activities and events for the benefit of the Parents Association and the NFCA community;
 - * To foster a spirit and philosophy consistent with the mission of NFCA;
 - * To direct parents with interests and concerns to the appropriate person for resolution;
 - * To maintain contact with the administration and faculty, and to offer help when appropriate.
-

Room Parents

Room Parents are essential links between the Parent Teacher Group and the administration.

They will not only be able to inform other parents about ongoing projects of NFCA, they will also help conceptualize, coordinate, and implement our traditional parties, gatherings, fund-raisers and community-building events.

Parent Teacher Group Volunteers

Room Parents and Parent Volunteers are needed on an ongoing basis to:

- * Plan, organize and attend class parties.
 - * Assist classroom teachers with jobs such as making copies, compiling books, etc.
 - * Assist with communication between families in regard to school activities.
 - * Plan and assist with fundraising projects.
 - * Plan, organize, and attend extracurricular activities or get-togethers for students.
 - * Plan and organize teacher appreciation luncheon each May.
-

NFCA
Parent Teacher Group
2017-2018

Child's Name: _____

Teacher: _____

Parent Names: _____

Home Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Please check all that apply:

- ☐ I will volunteer to be a Room Parent.
- ☐ I can help with classroom parties.
- ☐ I can't help with classroom parties, but I can send things.
- ☐ I can help in the classroom.
- ☐ I can help with organizing fundraisers.
- ☐ I can help by organizing guest speakers.
- ☐ I can help on field trips.
- ☐ I have special talents: _____
- ☐ I have access to resources: _____
- ☐ It is ok for you to put our name and phone number in the school directory.