



2026 - 2027 CFC ACADEMY STUDENT REGISTRATION FORM

STUDENT STATUS:			CONTACT INFORMATION:		
<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student	Grade to Enter: _____	101 South Peachtree Street P.O. Box 510 Creedmoor, NC 27522 OFFICE: (919) 528-1581 ext. 112 FAX: (919) 528-4380 WEBSITE: www.cfcacademy.com EMAIL: office2@cfcacademy.com		
(First time enrollment students must attach an official copy of birth certificate, social security card, immunization record, most recent report card and a copy of a current physical.)					

NON-DISCRIMINATION POLICY:

Christian Faith Center Academy of Christian Faith Center of Creedmoor Incorporated admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, athletic programs and other school-administrated programs.

Please read carefully and complete all of the following information.

STUDENT INFORMATION:					
Last Name:		First Name:		Middle Name:	
Home Address:				Telephone Number:	
City:		State:	Zip Code:		County:
Student Social Security Number: _____-_____-_____		Student Birthdate: ____/____/____		Gender (Male or Female):	Age:
Name of Present or Last School Attended:			Street Address:		
City:		State:	Zip Code:		County:
Current Grade Level:		Has your child ever repeated a grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, which one?	Year of Grade Repeated:
Has your student been diagnosed with autism, dyslexia, ADD, or ADHD? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:			
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FAMILY INFORMATION

FATHER'S/GUARDIAN'S INFORMATION:	STUDENT LIVES WITH:
	BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>

Last Name:	First Name:	MI:	Employer's Name:
Work Phone:	Cell Phone:	Email:	

MOTHER'S/GUARDIAN'S INFORMATION:	STUDENT LIVES WITH:
	BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>

Last Name:	First Name:	MI:	Employer's Name:
Work Phone:	Cell Phone:	Email:	

PERSON RESPONSIBLE FOR PAYING STUDENT'S TUITION:

Last Name:	First Name:	Middle Name:	
Address:			
City:	State:	Zip Code:	County:

SIBLINGS ALSO ATTENDING CFC ACADEMY:

Last Name:	First Name:	Grade:	Last Name:	First Name:	Grade:
Last Name:	First Name:	Grade:	Last Name:	First Name:	Grade:

Is bus/van transportation needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what area:
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CURRENT HEALTH STATUS

STUDENT'S NAME:

Last Name:

First Name:

Middle Name:

1. Does the student have any chronic health problems? Yes No

If yes, please describe:

2. Does the student use any medication regularly? Yes No

If yes, please describe:

3. Does the student have: (Check all that apply) Asthma: Hay Fever: Diabetes: Migraines:
Seizures: Hypoglycemia: Heart Problems: Allergies:

Please list all allergies (including food allergies):

4. Does the student have any physical limitations? Yes No

If yes, please describe:

5. Does the student have difficulty hearing? Yes No

Does the student wear hearing aides? Yes No

6. Does the student have difficulty seeing? Yes No

Will the student wear glasses or contact lenses in school? Yes No

CONSENT:

I hereby give consent to Christian Faith Center Academy to obtain medical attention for my child in the event of an emergency.

I hereby give consent for my child to attend school sponsored field trips.

Signature of Parent/Guardian

Date

Please notify the school office of any changes in address, phone numbers, emergency information or other vital information.



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EMERGENCY & STUDENT RELEASE INFORMATION

Please list in order of priority the names, addresses, and phone numbers of the persons you wish us to contact in the event you cannot be reached in an emergency. This list will also be used if your child has not been picked up from school on time or for student release authorization.

STUDENT'S INFORMATION:

Last Name:		First Name:		Middle Name:	
Father's/Guardian's Name:		Number to Call for Emergency:	Mother's/Guardian's Name:		Number to Call for Emergency:

FIRST EMERGENCY CONTACT:

First Name:		Last Name:		Relationship to Student:	
Address:			Work Phone:		Cell Phone:

SECOND EMERGENCY CONTACT:

First Name:		Last Name:		Relationship to Student:	
Address:			Work Phone:		Cell Phone:

THIRD EMERGENCY CONTACT:

First Name:		Last Name:		Relationship to Student:	
Address:			Work Phone:		Cell Phone:

FOURTH EMERGENCY CONTACT:

First Name:		Last Name:		Relationship to Student:	
Address:			Work Phone:		Cell Phone:



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Please read carefully and complete all of the following information.

PARENTAL AGREEMENT INFORMATION

TUITION PAYMENTS

Since Christian Faith Center Academy has an obligation to its employees, students are considered enrolled for the entire school year. **Tuition is calculated on the basis of the entire year; no deductions can be made for vacations or school holidays.** If a student enters after the school term has begun, charges are prorated according to the actual number of days enrolled. No deductions will be made for tuition during the school year, regardless of the cause of absence.

The tuition payment is due on the first of each month from August 1, 2026 through May 1, 2027. A **\$20.00 late fee** will be added to payments **received after the 5th** of each month. Students cannot return to class after the 10th of the month if their tuition has not been paid. In the event that one month's tuition is outstanding when another becomes due, both payments must be paid before the student can be admitted to class.

All accounts must be current before Report Cards are issued each Nine Weeks and at the end of the school year. Accounts must also be current before transcripts are mailed.

Parent Initials: _____

WITHDRAWAL NOTICE

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first month, I will remain responsible for the complete month's tuition.

LOCKERS/DESKS

I understand that school lockers and desks are property of the school and that the school has a right to open and search lockers and desks. The school is not responsible for items/articles lost or stolen.

TRANSPORTATION PERMISSION

I hereby give my permission for Christian Faith Center Academy to transport my child, provided that the driver has liability insurance in force, and a valid North Carolina inspection sticker on the vehicle. I relieve Christian Faith Center Academy and any representative thereof of all responsibility in case of an accident or injury. I understand the school provides only general supervision.

I also realize that transportation service is a privilege; therefore, if my child's behavior is unacceptable according to policy, he/she may be suspended from the bus or van.

Parent Initials: _____



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PARENTAL AGREEMENT INFORMATION - *continued*

**This contract is between CFC Academy and the parents or guardians of its students.
It is to be read thoroughly, signed by the parents or guardians and returned to the school.**

I (WE) UNDERSTANT THAT:

1. The non-refundable application fee of \$150.00 per returning students and \$200.00 for new students, is to be paid before my child is considered for admission.
2. The tuition is due by the 5th day of each month.
3. No discounts are given because of absences.
4. CFC Academy has the right to dismiss any student who fails to cooperate with the educational program or whose attitude and cooperation does not comply with the spirit of CFC Academy.
5. All applications are subject to the approval of the Board of Directors of CFC Academy.
6. A personal interview with parent and child will be conducted before admission.
7. A health record including immunizations and any known illness or disabilities must be submitted.

Parent Initials: _____

AGREEMENT:

I agree to allow my child to participate in all school activities (on and off campus) and agree to absolve the school or during any school activity.

I agree to pay all costs incurred by Christian Faith Center Academy (CFC Academy) or its personnel in the event that legal action is brought against Christian Faith Center Academy or its personnel on behalf of me or my child if Christian Faith Center Academy or its personnel is found not guilty.

I will properly address any questions and concerns directly to the administration of the school.

Signature of Parent/Guardian Father

Date

Signature of Parent/Guardian Mother

Date



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PARENTAL AGREEMENT INFORMATION - *continued*

TYLENOL ADMINISTRATION

I give my permission for my child, _____, to be given Tylenol for simple headaches, menstrual cramps, etc. My child can take _____ regular strength Tylenol tablet(s) every _____ hour(s). I relieve Christian Faith Center Academy and any representative thereof of all responsibility for any side effects or complications resulting from this medication.

Or

I do not give my permission for my child, _____, to be given Tylenol.

Signed: _____
(Father/Mother or Guardian) _____
Date



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PARENTAL AGREEMENT INFORMATION - continued

EMERGENCY CARE CONSENT

In case of emergency, illness or accident the child is given first-aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the nearest Emergency Room. Christian Faith Center Academy does not assume responsibility for the payment of hospital, doctor or ambulance fees.

I do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state of North Carolina and hospital service that may be rendered to said minor under general, specific or special consent of an acting agent of Christian Faith Center Academy, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician, dentist or at a hospital licensed by the state of North Carolina.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but it is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

I also understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. I realize that this arrangement is implemented to preserve the health of my child until such time when I/we can be present. I also acknowledge responsibility for all charges in connection with care and treatment given during this period.

This consent shall remain effective during the 2026 – 2027 school year while the minor child is enrolled as a student at Christian Faith Center Academy, unless sooner revoked in writing.

Father/Guardian's Signature _____
Date

Mother/Guardian's Signature _____
Date

Witness (other than custodian) _____
Date

Doctor's Name _____
Doctor's Address



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PARENTAL AGREEMENT INFORMATION - continued

AFFIRMATION

This Parental Agreement statement will be in effect during the 2026 - 2027 school year while my/our minor child is enrolled at Christian Faith Center Academy.

I understand that should my marital status or child custody change, it is my responsibility to have a corrected Parental Agreement signed and updated and delivered to Christian Faith Center Academy.

I realize that Christian Faith Center Academy is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to ensure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Christian Faith Center Academy.

Signed: _____
Father/Guardian *Date*

Signed: _____
Mother/Guardain *Date*