



CHILD'S INFORMATION

Child's Name: _____ Age: _____ Birthdate: ____/____/____

All students must have a copy of birth certificate and immunization record on file with FPA.

Parent's Email: _____ Emergency Phone: (____) _____

Is your child registered for 2026-27 at FPA? (circle) Yes No Does your child have any allergies? (circle) Yes No

Students MUST be currently enrolled or enrolled for 2026-27 at FPA.

PROGRAM DATES AND HOURS

Full Day: 7:30am - 5:00pm | Half Day: 7:30am - 12:30pm

Check all that apply below:

JUNE 1-5	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JUNE 8-12	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JUNE 15-19	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JUNE 22-26	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JULY 6-10	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JULY 13-17	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm
JULY 20-24	TIME:
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 7:30am - 12:30pm <input type="checkbox"/> Pick-up after 12:30pm

*The Summer Cru will be closed from June 29-July 3, 2026.

TUITION

FULL DAY WEEKLY TUITION

Five FULL Days.....	\$275
Four FULL Days.....	\$245
Three FULL Days.....	\$215
Two FULL Days.....	\$185

HALF DAY WEEKLY TUITION

Five HALF Days.....	\$165
Four HALF Days.....	\$150
Three HALF Days.....	\$135
Two HALF Days.....	\$120

ALL FEES ARE NON-REFUNDABLE

UNDERSTANDING THE FINANCIAL AGREEMENT

The first week's tuition must accompany the registration form.

You may pay the entire summer by making arrangements with the Business Office.

FPA families will be billed through FACTS.

A late fee of \$15 per 15 minutes will be charged for children who are not picked up at the regular dismissal time.

I understand that I am responsible for payment of each week that my child is registered. The cancellation or rearrangement of weeks must be received and approved by the Summer Cru Director (Tammy Muller)

UNDERSTANDING THE MINISTRY AND MISSION OF THE SUMMER CRU

I understand that the school has the right to dismiss any student for lack of cooperation with school policy by the student, parent or guardian.

I have disclosed sufficient information regarding my child's needs - emotional, social, mental, spiritual and/or physically so that the school will be effective in fulfilling its mission.

I agree to release and hold harmless the school, the agents and the employees from all claims, damages, or other liabilities, which are not the result of gross negligence by the school, its agents or employees.

I support and pledge my full cooperation to the school's mission, policies and goals (see Parent/ Student Handbook). I will bring any questions, concerns or criticisms directly to the Summer Cru Director to be properly considered by those in authority.

Parent Signature

Date