



ANNOUNCEMENT OF 2025-2026 REGISTRATION AND TUITION

GRADES TO BE OFFERED 2025-2026

First Through Fifth Grades

Grades first through fifth grade will again be offered for school year 2025-2026. We anticipate there will be a stand-alone first grade class, a stand-alone second grade class, a combined third and fourth grade class, and a stand-alone fifth grade class. ***Class composition is subject to change based on actual enrollment.***

The maximum enrollment for each class will be 15 students for a total capacity of 60 students. Our current 2024-2025 enrollment across these grades is 32 students—first-grade 12; second-grade 7; third/fourth-grades 11; fifth-grade 2. Enrollment specifics for 2025-2026 are further defined in the *Tuition 2025-2026 Section* on page 2.

REGISTRATION TIMELINE and FEES 2025-2026

December 10, 2024	The <i>Announcement of 2025-2026 Registration and Tuition</i> and the <i>Parent/Student Handbook for School year 2025-2026</i> will be sent by email & car line to FCAE families
December 13, 2024	registration opens BY PAPER for FCAE families and for FCA rising first-graders; \$225 non-refundable per child registration fee required to secure 2025-26 spot
January 6, 2025	registration opens BY PAPER for Berea Baptist families not yet at FCA or FCAE
January 20, 2025	registration opens to community-at-large by paper and by website
May 9, 2025	final tuition set; based on enrollment on this date as the school year's first payment billing date window; see <i>Tuition 2025-2026 section for more details</i>

FCAE FINANCIAL UPDATE

In school year 2024-2025, as previously shared, FCAE experienced a significant financial shortfall of \$162,000, resulting from lower than projected enrollment. Thanks to a tremendous fundraising effort by our volunteer FCAE School Board, as blessed by the Lord, we continue to close the shortfall.

Looking to school year 2025-2026, we must raise tuition to avoid a repeat of the financial shortfall of 2024-2025. The School Board has invested many hours of prayer, financial analysis, and creative thinking to devise a best practice approach for 2025-2026 in line with our Christian mission and principles.



TUITION 2025-2026

First Through Fifth Grades – new this year, tuition will be set on a tiered schedule whereby tuition will be **reduced** as enrollment growth occurs. The intention is to be forthright in our breakeven finances and to share the benefits of enrollment growth equally with all families. *Enrollment as of the first tuition payment billing date window, May 9, 2025, will be used to establish the 2025-2026 tuition.*

Families will be notified of tuition reductions when enrollment milestones are met. In support of all FCAE families, we ask for your assistance in bringing new students to FCAE. The FCAE Director and FCAE School Board will also work diligently to promote FCAE in the community. Prayers are greatly appreciated.

2025-2026		NEW	Previous
TOTAL ENROLLMENT for Grades First-Fifth	First through Fifth Tuition*	Per Month 12-month*	Per Month 9-month*
01 to 49 Students	\$ 6,345.00	\$ 528.75	\$ 705.00
50 to 60 Students	\$ 5,895.00	\$ 491.25	\$ 655.00
* enrollment as of 5/9/25	<i>payment schedule</i>	05/31/25 – 04/30/26	08/31/25 – 04/30/26

* **NEW** – Tuition is due in full on the first day of school. However, to assist our families with the tuition increase, tuition for 2025-2026 can be billed in 12 equal monthly payments due the last day of the month, rather than the current 9-month plan. We are thankful we can offer this interest-free installment plan to assist our families. **Families will be automatically enrolled in the 12-month plan.** If full payment is preferred, please indicate *Pay in Full* on page 13 of the enrollment form. **Persons enrolling after May 2025** will receive a first bill equal to the amount equal to all missed installment payments to that point and will then move forward under the remaining defined 12-month plan.

CONTINUING – We will once again offer a multiple-child discount for families enrolling more than one child. An academic year total discount of \$720 will be applied for each child a family enrolls in addition to their first child. This will apply as a \$60 discount per month for the 12-month plan or \$720 for the full-pay option.

CONTINUING – We will once again offer parents/caregivers the opportunity to earn a **FREE** month of tuition per family through our volunteer program. Please see the *Parent/Caregiver Volunteer Tuition Discount* for more details.

CONTINUING – We will once again offer tuition assistance for those who qualify based on need. To learn more about scholarship opportunities, please contact Director Gailey. We are happy to work with you within our ability to do so.



PAYMENT

PAYMENT – Tuition is due in **FULL** by August 20, 2025 for the 2025 – 2026 school year. To assist our families with their budgets, we are happy to instead bill tuition in **12 equal amounts** according to the schedule above for the relevant grade levels. Payments are due on the **last day of each month** beginning with May 31, 2025 and ending April 30, 2026 monthly. A per child late fee of \$20 will be charged for each monthly payment not received within 10 days of the due date. Payments are to be made by check. **Persons enrolling after May**

2025 will receive a first bill equal to the amount equal to all missed installment payments to that point and will then move forward under the remaining defined 12-month plan.

CHECK PAYABLE AND MAILED TO: FCAE
ATTN: TUITION PAYMENT
PO BOX 280
Rockville, VA 23146



OTHER FEES, DISCOUNTS, and DETAILS

Registration Fee	\$225 non-refundable, per child registration fee due to secure enrollment spot; must be paid at time of registration
Returned Check Fee:	\$40
Monthly Late Fee:	\$20 per child; payment is due the last day of each month and is late on the tenth day of the following month
Staff Full-Time Employee Discount:	50% off each child’s tuition; contact the Academy for openings
Sibling Discount:	see <i>Tuition 2025-2026 section</i>
Earned FREE Month of Tuition:	see <i>Parent/Caregiver Volunteer Tuition Discount Section</i>
Late Pick-Up Fee:	\$10 per 5 minutes late; at the Director’s discretion

Parent/Caregiver Volunteer Tuition Discount

For 2025-2026, we are pleased to again offer an opportunity for our Academy families to earn one **FREE** month of tuition per family. With a contribution of 25 volunteer school hours to the Academy performed between 8/1/25 and 3/31/26, a family will receive a credit equal to their most expensive student’s 12-month **monthly** tuition amount due April 30, 2026. This credit will appear on their April bill due 4/30/26.

To calculate credit for volunteer hours that are less than the requested 25 hours, the family’s most expensive student’s 12-month tuition **monthly** amount will be divided by 25 to arrive at a per-hour credit amount. That amount will then be multiplied by the actual number of hours volunteered (less than 25) to arrive at the credit to appear on their bill due 4/30/26. Hours must be properly logged at the direction of the Academy Director. Background checks will be required for all volunteers as coordinated by the Academy Director. To provide an equal opportunity for all families to participate, tuition-credit volunteer hours will be capped at 25 hours per family. If a family chooses to pay in full at the start of the school year, any credits earned will be refunded in May 2026 before the close of the school year.

Waiting List

If the Lord should bless us with full capacity enrollment, a waiting list will be started. Families will be contacted in the order to which they were added to the list if openings should arise for the grade levels for which they are waiting.

Gratitude

We thank you for your prayers, patience, gifts, support, and family as we work to grow Faith Community Academy Elementary. The Lord has most definitely been with us for school year 2024-2025. We will continue to work within the faith He wishes us to continue for school year 2025-2026.

“Train up a child in the way he should go, even when he is old he will not depart from it.” – Proverbs 22:6

Giving to FCAE

Tuition alone does not cover the cost of a child’s education at FCAE. The school is dependent upon a variety of other sources to help make up the difference. The giving of individuals and businesses is crucial to the school program. All gifts are tax-deductible and greatly appreciated. Please indicate your check as a donation. Donations can be made by check **payable to Berea Baptist with FCAE Donation on the “for” line.**

Mail donations to: Berea Baptist Church
 ATTN: FCAE DONATIONS
 PO BOX 280
 Rockville, VA 23146



ENROLLMENT

See pages 5 through 13 for the application to register your child/children.

2025 - 2026

FAITH COMMUNITY ACADEMY ELEMENTARY



REGISTRATION

IMPORTANT

1. **Read** the (1.) *Announcement of 2025 – 2026 Registration and Tuition* and the (2.) *Parent/Student Handbook for School year 2025 - 2026*. **Sign below to indicate compliance.**
2. **Complete** Registration form; pages 5-13
3. **Both parents sign** pages 5 and 12.
4. **Responsible financial party** complete and sign page 13.
5. **Include** a check for all registration fees of **\$225 per child**.
6. **Return** completed Registration (pages 5-13) **AND** a check for **ALL registration fees payable to FCAE**. Mail to FCAE, PO BOX 280, Rockville, VA 23146.

I have read and understand the **Announcement of 2025 – 2026 Registration and Tuition**, and the **Parent/Student Handbook for School year 2025 - 2026** and I agree to comply with the policies and procedures set forth within.

Note: **BOTH** parents **MUST** sign this form and return it as part of the registration and enrollment process.

Parent Name Printed: _____

Parent Signature: _____ Date: _____

Parent Name Printed: _____

Parent Signature: _____ Date: _____



FCAE Registration Form 2025-2026

STUDENT INFORMATION

CHILD ONE

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female Grade Requested: _____

Address: _____

City, State, Zip _____

CHILD TWO

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female Grade Requested: _____

Address: same as above, or _____

City, State, Zip _____

CHILD THREE

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female Grade Requested: _____

Address: same as above, or _____

City, State, Zip _____

CHILD FOUR

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female Grade Requested: _____

Address: same as above, or _____

City, State, Zip _____

PARENT/ FAMILY INFORMATION

Mother's Name:

Mother's Cell # :

Mother's Full Address: same as above

Mother's Email:

Mother's Employer:

Mother's Work #:

Father's Name:

Father's Cell #:

Father's Full Address: <input type="checkbox"/> same as above	Father's Email:
Father's Employer:	Father's Work #:
Other Children in the Family NOT enrolled at Faith Christian Academy	
<u>Sisters</u>	<u>Brothers</u>
Name: _____ Age: ____	Name: _____ Age : ____
Name: _____ Age: ____	Name: _____ Age : ____
Name: _____ Age: ____	Name: _____ Age : ____
Is there any additional family information that would be useful for us to know in working with your child? (for example: grandparents in the home, sibling expected, recent relocation/move, etc.) Please attach additional pages if needed.	

How did you hear about FCA? (check all that apply)

Road Sign ____ Internet _____ Friend* ____ Church ____ Flyer ____ Other _____

*If FCAE was recommended to you, whom may we thank for the referral?

Home Church: _____

If you do not have a home church, are you looking for a home church? You are always welcome at Berea.

YES NO MAYBE

EMERGENCY CONTACT & PICK-UP INFORMATION		
Name: This person MAY / MAY NOT pick up my child.	Relationship:	Cell Phone: Other:
Name: This person MAY / MAY NOT pick up my child.	Relationship:	Cell Phone: Other:
Name: This person MAY / MAY NOT pick up my child.	Relationship:	Cell Phone: Other:
Name: This person MAY / MAY NOT pick up my child.	Relationship:	Cell Phone: Other:

MEDICAL INFORMATION

Child's Name _____

Allergies _____

Medications Taking _____

Additional Info/Concerns _____

Primary Care Physician's Name _____

Primary Care Physician's Number _____

Child's Name _____

Allergies _____

Medications Taking _____

Additional Info/Concerns _____

Primary Care Physician's Name same as above, or _____

Primary Care Physician's Number same as above, or _____

Child's Name _____

Allergies _____

Medications Taking _____

Additional Info/Concerns _____

Primary Care Physician's Name same as above, or _____

Primary Care Physician's Number same as above, or _____

Child's Name _____

Allergies _____

Medications Taking _____

Additional Info/Concerns _____	
Primary Care Physician's Name <input type="checkbox"/> same as above, or _____	
Primary Care Physician's Number <input type="checkbox"/> same as above, or _____	

SCHOOL HISTORY

Child's Name _____

School Name, Years Attended 20XX-20XX, Reason for Leaving:

Child's Name _____

School Name, Years Attended 20XX-20XX, Reason for Leaving:

Child's Name _____

School Name, Years Attended 20XX-20XX, Reason for Leaving:

Child's Name _____

School Name, Years Attended 20XX-20XX, Reason for Leaving:

PHOTO/MEDIA AUTHORIZATION

At times, our staff may be taking photos/videos to promote the Academy. Pictures may be posted on our church website or on our social media accounts. No names will be associated with these photos on the internet. We appreciate your cooperation.

_____ I **give** permission for my child's (children) photo to be taken and used for such purposes.

_____ I **do not** give permission for my child's (children) photo to be taken and used for such purposes.

Print Name: _____ Signature: _____

PARENTAL NOTIFICATION RELEASE AND CONSENT – to be signed by BOTH PARENTS

I do hereby release and hold harmless Berea Baptist Church and Faith Community Academy of any and all responsibility due to accident or injury incurred during any and all outings, field trips or events. (A separate parental consent form will be provided for all OFF-PREMISES activities).

I give permission for my child to receive any and all medical attention necessary in the event of any emergency accident, injury etc. under the direction of Berea Baptist Church or Faith Christian Academy, and/or the person(s) listed above as EMERGENCY CONTACTS, until such time as I may be contacted.

I also assume any financial responsibility for any such medical treatment.

MUST BE SIGNED BY BOTH PARENTS

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

NON-DISCRIMINATION POLICY

Faith Community Academy admits students of any race, color, or national or ethical origins to all the rights, privileges, programs, and activities made available to students at the Academy. It does not discriminate on the basis of race, sex, color, or national or ethnic origin in administering the school's educational policies, admission, and other school-administered programs.

FINANCIAL RESPONSIBILITY

I have reviewed the financial obligations required to enroll including all fees and tuition. I will be able to cover the financial obligation according to this Announcement of 2025-2026 Registration and Tuition. **If I have difficulty meeting this financial requirement at any time, I agree to contact the school immediately with an explanation and not wait for the school to contact me.** I understand the inability to make payments in a timely manner may necessitate withdrawal of my children until such time as our account(s) may be made current. I also understand that no refund of tuition will be made upon the withdrawal of my child except for the following reasons:

- If parents are transferred from the area for a job. One-month notice to be given.
- If the child becomes ill and the doctor recommends withdrawal. A note from the doctor is required.

Responsible Financial Party

Print Name: _____

Signature: _____ Date: _____ Phone: _____

Complete

_____ **Check Enclosed** for **ALL \$225/per child** Registration Fees Check # _____ Amount \$ _____

_____ Check here if **Full Pay 8/20/25 option requested** rather than 12-month payment plan