

# FIRST FRUITS CHRISTIAN ACADEMY

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500 OLIVER ROSS DRIVE NW

ALBUQUERQUE, NM 87121. 505-833-0858

## 2026-2027 ENROLLMENT PACKET

Item	completed
Signed Enrollment Packet	<input type="checkbox"/>
Copy of Immunization Record	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of Custody Agreement/Guardianship	<input type="checkbox"/>
Registration Fee Paid	<input type="checkbox"/>
Book Fee Paid	<input type="checkbox"/>
Safety Fee Paid	<input type="checkbox"/>
First Month's Tuition Paid	<input type="checkbox"/>
Transcripts/Records Received	<input type="checkbox"/>
Parent Handbook Signed	<input type="checkbox"/>

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# FIRST FRUITS CHRISTIAN ACADEMY



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Dear Parents,

Thank you for your interest in our school. Our well-qualified staff looks forward to giving your child the help he/she needs to succeed. We are committed to providing a quality education in a caring Christian environment. We look forward to you joining our family here. The safety of your child is our main priority. You will be comforted in knowing that our facility is monitored daily by a safety officer along with our surveillance cameras. The following is important information for the upcoming school year. Please feel free to visit our office if you have further questions or concerns.

Early Registration for the 2026-2027 school year begins June 1, 2026. Completed registration and first month's fees paid by June 1, 2026 will receive a one-week discount on the first month's tuition (not to exceed \$100.00 per child) The registration fee is \$90.00 per student.

School runs from August to May. The school day starts promptly at 8:30am and ends at ends at 3:00pm. We provide both before and after school hours. Before school hours begins at 7:30 am and after school hours begin at 3:30 pm until 4:00pm. If you wish your child/ren to be enrolled in either the before or after school hours, there is an addition fee. (see the monthly tuition for more detail). **If your child/ren are picked up after 4:15pm, you will be charged an additional fee of \$15.00 for every 5 minutes after 4:15pm.**

Parents will be required to sign their child in each day at drop off and again at pick up.

If you receive state assistance through ECECD you must provide Ms. Bupeh with the Child Care Placement Agreement. This will determine your child's adjusted tuition rate. **This adjusted rate is for your child's monthly tuition only and does not include registration fees, book fees, uniform fees, or any other fees outside of the monthly tuition.**

**Full monthly tuition is due on the 1<sup>st</sup> of each month.** If the 1<sup>st</sup> falls on a weekend or holiday, then payment is due the following business day. All payments will be made thru Square.com. Your account will be debited automatically each month; no cash will be received at the school. If your account is 30 days past due, your child may be disenrolled at the director's discretion and action will be taken to recover payment. Your child/ren will be allowed to return to school once balance is paid in full. Please complete the ACH Payment page completely at the end of this packet.

Please note: We are a uniform school. ALL children MUST be dressed in the approved FFCA colors each day with the proper shoes outlined in our parent handbook.

## AUTHORIZATION OF SERVICE:

This is an agreement between FFCA and named below:

Child's Name (Print) \_\_\_\_\_ Parent/Legal Guardian (Print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**500 OLIVER ROSS DRIVE NW. ALBUQUERQUE, NM 87121**

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PRIVATE SCHOOL ENROLLMENT CONTRACT  
2026-2027 SCHOOL YEAR

START DATE: \_\_\_\_\_

Please complete one contract for each student  
Registration Fee \$100.00 per student. (non-refundable)

**Student Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ New or Previous Student (Circle one)

**Mother's Information** Custodial Parent: YES \_\_\_\_\_ NO \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father's Information** Custodial Parent: YES \_\_\_\_\_ NO \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant lives with  Father  Mother  Other \_\_\_\_\_

Applicant's parents are  Married  Separated  Divorced  Single

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## Emergency Contacts

Each child being cared for in FFCA must have an emergency contact other than the parent(s).

NAME \_\_\_\_\_ PH NO \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ PH NO \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ PH NO \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

## Pick Up Information

I \_\_\_\_\_ hereby give my permission for my child \_\_\_\_\_

to be picked up by the following person(s): please print

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\*all individuals picking up child will be required to show a valid state or federal ID. **ABSOLUTELY NO CALL-INS FOR PICK UP.**

Parent/Legal Guardian Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

List any special needs that your child may have such as allergies, existing illness, previous serious illness, any injuries during the past 12 months, prescribed long-term medications. PLEASE INCLUDE FOOD ALLERGIES OR ANY OTHER CONDITIONS THAT THE STAFF SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE OFFICIAL DOCUMENTATION REGARDING SPECIAL HEALTH CONDITIONS**

## Family Information

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## School Information

School applicant is presently attending or last attended: Name, Address & Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Has the applicant ever been  Enrolled in special classes  Retained  Suspended  Expelled  
(Failure to report may result in dismissal from FFCA)

If yes, please explain \_\_\_\_\_

## PLEASE PROVIDE OFFICIAL EDUCATIONAL RECORDS

## Church Information

Are either you or your family active members of a church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how often do you attend: \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_ Once a year \_\_\_\_\_ for holidays

If no, would you be willing to attend Fellowship Missionary Baptist Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church attending: \_\_\_\_\_ Pastor Name & Phone: \_\_\_\_\_

***A letter is required from church of attendance***

The above information is true and certifiable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# FEES

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Start Date \_\_\_\_\_

## **REGISTRATION FEE (per child)**

Registration fee of \$ \_\_\_\_\_ was received on \_\_\_\_\_ Method of payment \_\_\_\_\_

## **TUITION FEE (per child) - PRIVATE PAY ECECD CO -PAY**

Monthly Tuition \_\_\_\_\_

## **BOOK FEE (per child)**

Annual Book Fee \_\_\_\_\_

Date Paid \_\_\_\_\_

## **SAFETY/SECURITY FEE (per Family)**

Safety/Security Fee \_\_\_\_\_

Date Paid \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Monthly tuition valid 2026-2027 school year beginning \_\_\_\_\_ through May 1, 2027.  
(student's start date)

**\*Tuition will not be pro-rated**

**Bi-weekly or any arranged payments will not be accepted**

**Tuition payments are non-refundable**

**Tuition payments will not be refunded if parent/legal guardian withdraws students**

**Tuition payments will not be refunded if student is suspended or expelled by school administration.**

**\*\*Book fees are non-refundable.**

# GUIDANCE POLICY

We strive to keep an atmosphere of harmony and peace with Christ being glorified in all we do. We do not believe in allowing children who are disruptive to create such a distracting environment that it prohibits other children from being able to learn. In order to ensure that each child receives a good listening and learning environment we have the following disciplinary guidelines:

**1<sup>st</sup> Offense** - Verbal warning by teacher & prayer with student

**2<sup>nd</sup> Offense** - Timeout by teacher & prayer with student

**3<sup>rd</sup> Offense** - Sent to office for verbal warning by principal & prayer with student  
(parent is informed of situation)

**4<sup>th</sup> Offense** - Sent to principal for prayer with student. Parents are called and student is placed in Falcon Trap  
(2 day in-house suspension)

**5<sup>th</sup> Offense** - Prayer with student. Parents are contacted and a stronger form of discipline is recommended, or child may be expelled for remainder of the school year.

I have read the above disciplinary policy and agree to abide by the rules as stated above. I realize that I may at any point in the policy give the Director / administrator permission to discipline my child or to call me and I will come and discipline my child.

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director / Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*AT NO TIME IS ANYONE OTHER THAN THE DIRECTOR/ADMINISTRATOR AUTHORIZED TO DETERMINE IN-SCHOOL DISCIPLINE. TEACHERS ARE NOT TO SEND STUDENTS TO ADMINISTRATIVE ASSISTANT PERSONNEL FOR DISCIPLINE.**

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# AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention for my  
Child \_\_\_\_\_,  
Student's name

I authorize the FFCA Director or person in charge to take my student to:

Hospital of choice \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# First Fruits Christian Academy

Photo Permission

2026-2027

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STUDENT NAME

I, (Parent/Guardian) \_\_\_\_\_ give permission to First Fruits Christian Academy to use pictures of my son/daughter for the purpose of posting them on First Fruit website and for other FFCA activities (i.e. athletic games, church performances, etc.).

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PARENT/GUARDIAN SIGNATURE

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DIRECTOR/PRINCIPAL

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DATE

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OPERATION MANAGER

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# FEES

(These fees are only applicable for our Private Pay Students - they do not apply if you have an ECECD contract that is current)

## TUITION

**School Hour Only** students (8:30 - 3:00) is as follows:

K3-K4 \$600.00

Before / After school care is \$150.00 additional fee per month. Before school hours begin at 7:30 and After school hours end at 4:00.

**Early Childhood Children** (7:30-4:00)

Jacob Room (infants) \$900.00

Joshua Room (18-24 mos) \$650.00

Esther Room (2yrs-3yrs). \$650.00

**\* PLEASE NOTE: IF you enrolled for the School Hour Only tuition but your child/ren were dropped off earlier or picked up later than the school hours indicated above, you will be charged an additional \$150.00 \*\***

## Safety/Security Fee

A one-time Safety/Security Fee of \$100.00 per family.

## Book Fee

K3 \$75.00      K4 \$100.00

Although we accept ECECD subsidy payment, if the payments are below our actual fees, you will be required to pay a co-pay. School tuition payments begin August 1, 2026 and the last tuition payment will be May 1, 2027. The monthly tuition is valid until May 31, 2027.

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Parent Signature

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Administrator's Signature/ Principal Signature

## ACH PAYMENTS

I authorize FFCA to process payments for the purpose of monthly tuition for my child(ren)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the amount of \$\_\_\_\_\_. This payment is to be processed by FFCA on the first of every month through May 2027. FFCA will not notify card holder each month before running transaction. FFCA automatically process payment on contracted date. If card is processed on determined date and is declined, a \$25.00 fee will be charged and tuition must be paid on the contracted due date to avoid further charges. The following is my card information.

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_

Card 3 digit CVC Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Director Signature