

KINGDOM CHRISTIAN ACADEMY
650 East 8th Street
P.O. Box 695
Fulton, MO 65251

ADMISSIONS APPLICATION PACKET
2012-2013 School Year

Dear Parent or Guardian:

We are happy that you are interested in Kingdom Christian Academy (KCA). We look forward to this opportunity to serve you and your family. Our enrollment procedure is as follows:

1. Fully complete all forms in the enrollment packet and bring or mail them to KCA along with the *nonrefundable* application fee of \$25.00 per child. Further information on scheduled fees is included in this packet. Rev. 2/11
2. Please be sure to request a transcript of all previous school records if applicable to be sent to our office. A form is enclosed with this packet for that specific purpose. Admission cannot be granted without receipt of a transcript.
3. The Admissions Committee will interview the parents and student(s) to complete the enrollment process. We will contact you to schedule an appointment at your earliest convenience.
4. Children must be five years old by August 1 to enroll in kindergarten.
5. The deadline for registration is July 10 for new applicants. We recommend turning in your application as soon as possible, as enrollment fees are higher after June 1 for returning students.

If there are any questions, please call the school office at 573-642-2117.

In His Service,

KCA Board of Directors

NOTE: Completion of this application is for screening purposes. It does not assure final enrollment, but provides the information upon which a decision can be based. The final enrollment decision is made by the Board of Kingdom Christian Academy.

Kingdom Christian Academy admits students of any race, color, national, and ethnic origin to all the 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, or ethnic origin in administration of its educational policies, admissions, scholarships and loan programs, and other school-administered programs.

Revised 6/20/08

CHECKLIST FOR APPLICANTS TO KCA

Name of Applicant _____

Date _____

- Application Form
- Pastoral Recommendation or Character Recommendation Form (only one form required)
- Parent/Guardian Commitment Form
- Student Health History Form
- Recent Standardized Test/Grades/Interview with Teacher
- Application Fee (\$25 per student)
- Enrollment Fee (\$100 per student; is applied to first month's tuition)
- Interview with Principal
- Interview with KCA Board Interview Committee
- Immunization Record
- Birth Certificate
- Request for School Records Form, if applicable

KINGDOM CHRISTIAN ACADEMY

P.O. Box 695, Fulton, MO 65251
K-8th Grade 2012-2013 School Year
TUITION AND FEES

CURRICULUM FEE

If you enroll by June 1, there will be a \$100 non-refundable curriculum fee per student. Your child is not considered enrolled until we receive the curriculum fee.

If you enroll after June 1, there will be a \$250 non-refundable curriculum fee per student. Your child is not considered enrolled until we receive the curriculum fee.

Revised 2/12

TUITION FEE

Payments are handled through Smart Tuition and due the 1st of each month beginning August 1. Payments are considered overdue after the 15th. At that time a **\$35 late fee** is added per family.

Tuition costs per student:

\$2,950 or 10 payments of \$295 (includes Wednesday lunch & 1 milk per day)

Revised 2/12

Half day kindergarten:

\$2,000 per student or 10 payments of \$200

Revised 2/11

Tuition Discount for multiple family members:

There is an additional 10% discount for a family's third child and an additional 15% discount for the fourth child.

As an incentive for those who prepay tuition for the entire school year, the tuition will be reduced to \$2,900. The full tuition must be paid by August 10.

Revised 2/12

Only those materials that are totally consumed or are not suitable for reuse will become the property of the student. Replacement costs of lost or abused materials will be charged to the student/parents.

FINANCIAL AID

If you would like to apply for financial aid, please contact the school office or Board of Directors for information regarding availability of funds. Your inquiries will be kept in strictest confidence.

Application for Financial Aid/Scholarship Forms should be turned into the office by April 15.

KINGDOM CHRISTIAN ACADEMY
650 East 8th Street, P.O. Box 695
Fulton, MO 65251-0695
Phone: (573)642-2117 Fax: (573)642-2022
principal@kcasaints.net
www.kcasaints.org

APPLICATION FOR ENROLLMENT-SCHOOL YEAR 2012-2013

Office Use Only:

Date application received by school: _____ Application Fee Received _____

Pre-Interview Appointment _____

STUDENT INFORMATION SECTION

Student Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of birth: _____ Entering Grade: _____ Boy Girl

Please list previous schools attended and years attended:

1. _____ years attended _____ grades _____

2. _____ years attended _____ grades _____

3. _____ years attended _____ grades _____

If more, list on back.

Grade level completed _____

Has child ever been expelled, suspended or subject to disciplinary action from school?

_____ yes _____ no If yes, please explain on back.

Please list all persons living in household and relationship to child, e.g., Jane Doe, mother; Robert Doe, step-father; Tommy Doe, brother).

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Does child live in this household full time? _____ yes _____ no

Are there any special learning or physical needs of which KCA or your child's teacher would need to be aware?

Kindergarten Only: My child will be **Full Day** **Half Day**

PARENT/GUARDIAN INFORMATION

Father's name _____ Address _____ Phone _____

Cell phone _____ Place of employment _____ Work phone _____

Mother's name _____ Address _____ Phone _____

Cell phone _____ Place of employment _____ Work phone _____

Email _____

Other comments: _____

CHURCH INFORMATION

KCA encourages at least one parent and this student to be actively involved in a local Bible-believing church.

Check all that apply: father mother student entire family

How long have you attended your current church? _____

Other: Please explain (i.e., actively searching for a church home)

Name of church attending _____

Address _____ City _____ State _____ Zip _____

Pastor's/Minister's Name _____ Phone _____

Query

How did you hear of KCA? _____

Were you referred to KCA by another KCA family? _____ Name of family _____

(This family will receive a tuition discount after your child has attended a full school year.)

We/I desire to enroll our/my child in KCA because: _____

I have read the KCA student handbook, including the Statement of Faith, and I am in agreement with the purpose and philosophy of Kingdom Christian Academy. I have read and signed the Parent's/Guardian's Commitment form. Additionally, I understand that if I provide false or misleading information at any time during enrollment, it is grounds for disqualification and/or expulsion.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Signature of legal guardian _____ Date _____ Rev. 2/12



**KINGDOM CHRISTIAN ACADEMY
OF CALLAWAY COUNTY, MISSOURI**

650 East 8th Street | P.O. Box 695 | Fulton, Missouri 65251-0695
Phone Number: 573-642-2117 | Fax Number: 573-642-2022
E-mail: kca1995@hotmail.com | Website: www.kcasaints.org

"Where Academics & Faith Unite"

(Please complete in black ink)

REQUEST FOR SCHOOL RECORDS

Name of Student _____

Social Security Number: _____ Date of Birth: _____

I hereby request and authorize the official person of (former school)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

To send a complete transcript of all academic, achievement tests, disciplinary records, and health records concerning my child to:

**KINGDOM CHRISTIAN ACADEMY
P.O. Box 695
Fulton, MO 65251-0695**

Signature of Parent(s) or Guardian(s)

_____ Date: _____

_____ Date: _____

Revised August 2010

KINGDOM CHRISTIAN ACADEMY

P.O. Box 695
Fulton, MO 65251

STUDENT'S HEALTH HISTORY

The information requested on this form is necessary for the school health records of your child. Please complete in detail and return. PLEASE COMPLETE IN BLACK INK.

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Father's Name: _____ Mother's Name: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

PLEASE PROVIDE KCA A COPY OF IMMUNIZATION RECORDS AND BIRTH CERTIFICATE THAT WILL BE ATTACHED TO THEIR SCHOOL RECORDS.

Is your child presently under medical treatment? _____

Please check any illness(es) your child has had from birth to the present. Please indicate dates if known, and important details.

Allergy _____	scarlet fever _____
Chicken pox _____	poliomyelitis _____
rubella _____	rheumatic fever _____
measles _____	pneumonia _____
mumps _____	whooping cough _____
other _____	

Please list any other health or behavior problems you or your physician feel should be known to the school authorities.

I/WE AUTHORIZE KINGDOM CHRISTIAN ACADEMY TO ADMINISTER PRESCRIBED OR PATENT MEDICINE AS SPECIFIED IN WRITTEN INSTRUCTIONS.

I/WE AUTHORIZE KINGDOM CHRISTIAN ACADEMY TO SECURE EMERGENCY MEDICAL CARE FOR MY CHILD.

SIGNATURE OF PARENT/GUARDIAN : _____ Date: _____

2012-2013 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

In progress does not apply to the Tdap or Td booster.

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4	4	4
Tdap ²									1	1	1	Tdap or Td required 10 years after last DTaP, DTP or DT.	
IPV (Polio) ³	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR	2	2	2	2	2	2	2	2	2	2	2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended.		
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁴	2	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended.				

- Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed:** six doses.
- Tdap, which contains pertussis vaccine, is required for students enrolled in the eighth, ninth and tenth grade who have completed the recommended childhood DTaP/DTP vaccination series and have not received a Td booster dose within the past two years. **If a student received a Tdap booster the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.** For 11-12 grades, a Tdap or Td booster is required 10 years after the last dose of DTaP, DTP or DT. In the event of a pertussis outbreak situation, Tdap may be given at intervals less than 10 years.
- Kindergarten-2 Grade:** Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
3-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-years of age constitutes a complete series. **Maximum needed:** four doses.
- Kindergarten-2 Grade:** As satisfactory evidence of disease, an MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
3-7 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



KINGDOM CHRISTIAN ACADEMY

650 East 8th Street, PO Box 695

Fulton, MO 65251-0695

CHARACTER RECOMMENDATION FORM

To whom it may concern: this form must be completed and returned before the enrollment process will continue for the following student(s). Please mail or return the completed form to the KCA office. Your comments will be kept strictly confidential and will not be included in the student's permanent record. Character references may include teachers, scout leaders, private lesson teachers or pastors. (They may not be persons related to the applicant.)

Student's Name _____

Date _____

Parent/Guardian Name(s) _____

____ Re-enrollment: This form must be completed and returned by the 1st Thursday in May.

____ New enrollment: This form must be completed and returned seven (7) days after receiving this form.

1. What is your relationship with the applicant? _____
2. How long have you known the applicant? _____
3. Is the applicant honest? _____ trustworthy? _____ truthful? _____ helpful? _____
4. Does the applicant have a good attitude? _____
5. Does the applicant take directions? _____
6. Is the applicant a good worker? _____
7. Why is this student interested in a Christian education? _____

Character reference name and signature _____

Please print your name _____

Your phone number _____

Thank you for your honest and objective answers. If you would like to talk to the principal personally, you can call the KCA office at 573-642-2117.

KINGDOM CHRISTIAN ACADEMY

650 East 8th Street, P.O. Box 695
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PASTORAL RECOMMENDATION FORM

Pastor, this form must be completed and returned before the enrollment process will continue for the following student(s). Please mail or return the completed form to the KCA office.

Student(s) Name(s) _____

Date _____

Parent/Guardian Name(s) _____

Pastor's Name _____ Church _____ Phone _____

_____ Re-enrollment: This form must be completed and returned by the first Thursday in May.

_____ New Enrollment: This form must be completed and returned seven (7) days after receiving this form.

KCA encourages at least one of the parents or guardians of our students be committed Christians and an active, contributing member of a Bible believing church.

Pastor, your comments will be kept strictly confidential and will not be included in the student's permanent record.

In your estimation, does at least one of the parents or guardians of student(s) listed above have a committed personal relationship with Jesus Christ? Yes ___ No ___ Mother/Guardian ___ Father/Guardian ___ or Both ___.

Are they active attendees of your church? Yes ___ No ___. How often do they attend? Once per week ___ Twice per week ___ Three times per week ___ More ___

In what capacity do they serve? _____

Are the children regular attendees of your church? Yes ___ No ___.

If you were the principal of KCA, would you want this family to be involved with the school? Why? _____

Pastor's Signature _____

Thank you for your honest and objective answers. If you would like to talk to the principal personally, you can call the KCA office at 642-2117. If circumstances change during the school year, please feel free to contact the principal.

Revised August 2010

KINGDOM CHRISTIAN ACADEMY
650 East 8th Street, P.O. Box 695
Fulton, MO 65251-0695

PARENTS' OR GUARDIANS' COMMITMENT

1. I have read and understand the school's philosophy of Christian education and its statement of faith. I understand and accept the statement of purpose and philosophy of Kingdom Christian Academy.
2. I will support the school by involvement in parent/teacher conferences, parent meetings, and other school-sponsored meetings and activities.
3. I recognize that enrolling my/our child(ren) in KCA constitutes a financial commitment to pay all tuition, fees, and any other incurred expenses no later than the due dates expressed. If payments are made past the 15th of each month, I understand that KCA is authorized to charge a \$35.00 late fee. For your convenience in meeting your financial obligations, tuition is divided into ten installments. The first payment is due August 1; the tenth payment is due May 1, before the *final grade cards are given out* at the end of the school year. "I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account."
4. I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.
5. I understand that the standards of Kingdom Christian Academy do not tolerate profanity, obscenity in word or action, dishonor to the Lord's name, disrespect to the personnel of the school or members of the student body, or continued disobedience to the established policies of the school. I agree with KCA's policy of loving correction. I give my consent to school officials to administer corporal punishment when deemed necessary to be accompanied by loving reassurance that the child is accepted even though the actions are not. Parents will be notified of any disciplinary measures necessary.
6. I, as a parent or guardian of the student applicant, do agree to pledge at least 15 hours of volunteer time per year assisting as needed.

7. I, as the parent or guardian of the student applicant, do sincerely give my pledge to the above items. I understand the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

8. I have read the student handbook and agree to the corporal punishment guidelines under the discipline policy. Furthermore, I understand and agree to the terms stated on this application.

Father's/Guardian's signature: _____

Date: _____

Mother's/Guardian's signature: _____

Date: _____

Revised February 2012



SMART TUITION
Financial Solutions for Schools and Parents™

KINGDOM CHRISTIAN ACADEMY - 11332
650 EAST 8TH STREET
FULTON, MO 65251



1 1 3 3 2 1 2 0 1 9 9

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2012-2013
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	
STREET ADDRESS OR P.O. BOX	APT #	
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)		

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following payment due date: 1 5 Your school allows the following due dates (choose one):

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: 1 5 Your school allows the following debit dates (choose one):

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER:

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD

CREDIT CARD NUMBER: EXPIRATION DATE: 2.5% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa

SELECT A PAYMENT PLAN

Plan A 10 Payments Aug-May

Plan B 12 Payments Aug-Jul

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK3,PK4,PK,K,1-8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT IDs

STUDENT 1 TUITION:	\$	
STUDENT 2 TUITION:	\$	
STUDENT 3 TUITION:	\$	
STUDENT 4 TUITION:	\$	
FAMILY TUITION SUBTOTAL	\$	

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, such action will result in a late fee of \$35.00. A \$25.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: DATE: / /

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE \$



KINGDOM CHRISTIAN ACADEMY OF CALLAWAY COUNTY, MISSOURI

650 East 8th Street | P.O. Box 695 | Fulton, Missouri 65251-0695
Phone Number: 573-642-2117 | Fax Number: 573-642-2022
E-mail: kca1995@hotmail.com | Website: www.kcasaints.org

"Where Academics & Faith Unite"



KCA QUICK FACTS

- ✓ AFFORDABLE
- ✓ SMALLER CLASS SIZE
- ✓ SAFE ENVIRONMENT
- ✓ UNIFORM POLICY
- ✓ CHRIST CENTERED CURRICULUM/ABEKA & BJU
- ✓ 17 YEARS OF EXISTENCE
- ✓ INTERDENOMINATIONAL
- ✓ CLASS SPONSORED CHAPELS
- ✓ GIRLS AND BOYS BASKETBALL AND TRACK 5-8
- ✓ VOLLEYBALL & CHEERLEADING (GIRLS)
- ✓ MUSIC, ART, PE, & ELECTIVES
- ✓ COMPUTER CLASSES
- ✓ EXCEPTIONAL, CERTIFIED TEACHERS
- ✓ STANDARDIZED TESTING
- ✓ FIELD TRIPS
- ✓ RESPECT/CHARACTER DEVELOPMENT
- ✓ 4-DAY WEEK WITH FRIDAY ENRICHMENT

**LIST OF CHURCHES ATTENDED BY KCA FAMILIES
FEBRUARY 2012**

Callaway Christian Church
2051 Silver Drive
Fulton, MO 65251
592-4977
Mark Kummer, Pastor

Christian Fellowship of Jeff City
600 Beck Street
Jefferson City, MO 65109
573-556-6432
Gary Behrns, Pastor

Church of God Holiness
305 East 2nd Street
Fulton, MO 65251
642-3144
Travis Saylor, Pastor

Concord Baptist Church
3724 West Truman Blvd.
Jefferson City, MO 65109
573-893-2876
Monte Shinkle, Pastor

Crossroads Cowboy Church
PO Box 96
Williamsburg, MO 63388
Joey Owen, Pastor

Court Street United Methodist Church
719 Court Street
Fulton MO 65251
642-5721

Dry Fork Baptist Church
8221 County Road 363
New Bloomfield, MO 65063
573-491-3805

Ebenezer Baptist Church
6841 State Road Z
Fulton, MO 65251
642-8527
Walter Lockhart, Pastor

Fairview Road Church of Christ
201 South Fairview Rd.
Columbia, MO 65203
573-445-5604
573-445-2213
Eric Wilson, Minister

Faith Baptist Church
3909 Brown Station Road
Columbia, MO 65202
573-474-4957
Joseph Kline, Pastor

Faith Christian Family Church
Warrenton, MO
Terry Roberts, Pastor

First Assembly of God
605 Old Jefferson City Road
Fulton, MO 65251
642-4878
Mike Haldeman, Pastor

First Assembly of God
1900 Highway C
Jefferson City, MO 65109
573-635-0159
Lowell Perkins, Pastor

First Baptist Church
701 Court Street
Fulton, MO 65251
642-3348
Dr. Gary Schultz, Pastor

First Presbyterian Church
718 Court Street
Fulton, MO 65251
642-5541

Friendship Baptist Church
1707 Smiley Lane
Columbia, MO 65202
Joe Kline, Pastor

Forum Christian Church
3900 Forum Blvd.
Columbia, MO 65203
Scott Sutherland, Pastor

Harmony Baptist Church
2014 State Road A
Auxvasse, MO 65231
Mike Crowson, Pastor

Harvest Bible Chapel Fulton
Fulton, MO

Heartland Church of the Nazarene
1408 Mokane Rd.
Fulton, MO 65251
642-1706
Gary Garrett, Pastor

Memorial Baptist Church
1634 Paris Road
Columbia, MO 65201
573-635-7131
Kevin Glenn, Pastor

**LIST OF CHURCHES ATTENDED BY KCA FAMILIES
FEBRUARY 2012**

Mokane United Methodist Church
401 Fulton Avenue
Mokane, MO 65059
Beth Duckworth, Pastor

New Bloomfield Christian Church
PO Box 56
New Bloomfield, MO 65063
573-491-3677
Joe Gibbons, Pastor

New Wine Fellowship
Court Street
Fulton, MO 65251
Bill Newton, Pastor

Pleasant Grove United Methodist Church
3639 State Road E
Auxvasse, MO 65231
573-387-4861
Carol Blackwell, Pastor

Pleasant Ridge Baptist Church
3092 State Road AA
Holts Summit, MO 65043
573-295-4229
Craig Burcham, Pastor

Richland Baptist Church
5301 County Road 220
Kingdom City, MO 65262
642-2556
Larry Paris, Pastor

Rising Sun Baptist Church
782 County Road 283
Auxvasse, MO 65231
573-387-4548
Dr. Charles Brown, Pastor

Saint Andrew Catholic Church
400 St. Andrew Lane
Holts Summit, MO 65043
573-896-5010
Msgr. Greg Higley, V.G., Pastor

Saint Peter Catholic Church
700 State Road Z
Fulton, MO 65251
642-5562
Fr. Frank Bussmann, Pastor

Second Christian Church
401 St. Louis Avenue
Fulton, MO 65251
642-4614
Cedric Harris, Pastor

Solid Rock Family Church
508 Hunters Run
Jefferson City, MO 65109
573-893-4609
Joseph G. Skiles, Pastor

Southside Baptist Church
501 South Business 54
Fulton, MO 65251
642-5921
Dale Larison, Interim Pastor
Preston Thompson, Youth Pastor

The Crossing
3615 Southland Drive
Columbia, MO 65201
Dave Cover, Pastor
573-256-4410

The Lighthouse Church
PO Box 177
Kingdom City, MO 65262
573-220-8867
Jason Jordan, Pastor

Union Hill Baptist Church
460 S. Summit Drive
Holts Summit, MO 65043
Frank Whitney, Pastor

Valley View Community Church
2900 Barberry Avenue
Columbia, MO 65202
Ed Alqya, Pastor

Victory Christian Fellowship
3550 S. Clark
PO Box 771
Mexico, MO 65265
573-581-6317
Ron Case, Pastor

Victory Fellowship
6850 State Road NN
Fulton, MO 65251
642-8744
Richie Thomas, Pastor

Wesley United Methodist Church
2727 Wesley Street
Jefferson City, MO 65109
573-893-2556
Tom Vansant, Pastor