## J UBILEE CHRISTIAN PREPARATORY

ACADEMY

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# 2022/23 New Student Application Form

Date

CHILD’S INFORMATION

Program/Classroom

Name Preferred Name

DOB Sex M/F Previous Grade/Class

School/Childcare Previously Attended How was your experience? Home Address Home # Best Contact Phone # What are your expectations for your child at JCPA?

Kindly list the name(s) and age(es) of sibling(s) enrolled or will be enrolled at JCPA

Kindly tell us likes, dislikes and things that frighten your child

What would you consider as your child’s strengthen and weakness?

***JCPA charges $25 Application Fee which is applicable towards Enrollment and Book fee. Also, a Non- Refundable Enrollment and Book fee must be submitted with this form.***

**Parent(s) Name & Signature Submission Date**

*\*\*\*\*Referral’s Name (Cash Benefit Applies)*

#### For Official Use Only

***Payment metho****d: CASH/CHECK/CARD Amount Paid $ Received by Date*

# Medical Information

Physician Address Phone # Preferred Hospital List any allergies Lists of medications Does your child have any dietary restrictions or physical limitations?

Has your child been identified as having special needs? If yes, please specify.

(As part of our health policy we would like to have a copy of your child’s care plan on file, so we can all work together for the interest of your child and other children at JCPA)

# Parents/Guardian Information

Marital Status: Married/ Divorced/Separated/Single

Does student live with both parents? Yes/No. If no, please specify arrangements.

\* Please note, legal documents that specify custody arrangements must be on file with the school.

Parent/Guardian Relationship to child Work Address

Work # Cell Phone # Email Employer Occupation

Parent/Guardian Relationship to child Work Address

Work # Cell Phone # Email Employer Occupation

# Extended Care

Kindly enroll my child/children named below in extended care. We/I acknowledge extended care policies as outlined in the parents’ handbook. We/I understand that extended program policy is subject to change during the year due to enrollment, staffing, and other considerations.

Student Name (s) Grade Circle Applicable Care

Before Care/ASP/ Before & After Care

Before Care/ASP/ Before & After Care

Before Care/ASP/ Before & After Care

\*\*Extended care is available for students up to middle school\*\*

Parent/Guardian Relationship to child Work Address

Work # Cell Phone # Email Employer Occupation

Parent/Guardian Relationship to child Work Address

Work # Cell Phone # Email

Employer Occupation

Who else has permission to pick up your student on a regular basis?

Name Relationship to the child

Home Address

Cell #

Child’s Name DOB Address City Zip

Child’s Physician Phone #

Child Allergies

Child’s Prescribed Medications

Child’s Special Need If Any

Mother’s Name Personal Contact #

Father’s Name Personal Contact #

With whom does child reside?

Person to notify in anu emergency in the event Mom and Dad cannot be reached.

Name Personal Contact #

#### JCPA uses WellStar Health Care System.

In the event of emergency and parents can not be reached. I hereby authorize medical care and transportation of my child to medical facility or evacuation location used by JCPA. I further agree to be responsible for all medical expenses incurred during treatment of my child.

Name of Parent/Guardian

Signature of Parent/Guardian Date

Witnessed by

Staff Name Signature Date

In the event that you can not be reached or are unable to pick up your child, kindly list the names of three people that we may contact. Listing these people authorizes JCPA not only to release your child to these individuals, but to also contact them in the event of any emergency.

Please note that an authentic form of identification will be requested at the first time of any of these individuals picking up your child. *(A copy of ID will be made and put in your child’s file at the Academy)*

Name Best Contact #

Address City Zip

Work # Email Relation to child

Name Best Contact #

Address City Zip

Work # Email Relation to child

Name Best Contact #

Address City Zip

Work # Email Relation to child

# Video/Photography Release

I hereby grant JCPA permission the use of any photo or video of my child solely for the purposes of the school use.

Parent’s Name & Signature

I do not grant JCPA permission the use of any photo or video of my child.

Parent’s Name & Signature

Jubilee Christian Prep Academy agree to provide childcare for

on

(child’s name) (days of the week)

am to pm from to

(month) (month)

### Meal Plan Participation

My child will be participating in the following meal plan at JCPA: *(Please circle all that applies)*

Breakfast Morning Snack Lunch Afternoon Snack

### Medication Agreement

Before any medication is dispensed to my child, I will provide JCPA a written authorization, which will include date, name of child, name of medication, prescription number, dosages, date, and time of the day that medication is to be given. Furthermore, medication will be in the original container with child’s name marked on it.

### Other Agreements

My child will not be allowed to enter or leave the facility without being escorted by parent(s)/guardian or authorized person or facility personnel.

I acknowledge it is my responsibility to keep my child/ren records current at the Academy to reflects any significant changes as they occur; e.g telephone numbers, work location, emergency contacts, child physician, child’s health status and immunization records, etc.

Jubilee Christian Prep Academy agrees to keep information of any incidents, including illness, injuries, adverse reactions to medications, etc., which include my child.

Jubilee Christian Prep Academy agrees to obtain written authorization from me before my child participate in routine transportation, field trips, special activities way from the facility, and any water related activities occurring in water that is more than two (2) feet deep.

I authorize Jubilee Christian Prep Academy to obtain emergency medical care for my child when I am not available. I have received a copy and I agree to abide by the policies and procedures of JCPA.

Signed Date

Parent/Guardian

Signed Date

Facility Administrator/Person-In-Charge

## Transportation Agreement Form

This is to certify that I give JCPA the permission to transport my child

(Your name)

From at (am/pm)

(Pickup Location)

To at (am/pm)

(Delivery Location)

The is approximately miles from JCPA.

(Pickup Location)

On the following days: Check days that applies. Monday

Tuesday

Wednesday Thursday Friday

JCPA have my permission on Field Trip Days Only

In the event that my child is not to be transported as outlined above, I agree to notify Jubilee Christian Prep Academy Administrator.

Parent/Guardian’s Name

Parent/Guardian’s Signature Date

Church Family Attends Ph#

Pastor’s Name

Address City Zip

The passion of Jubilee Christian Prep Academy is to help students and families establish and develop their personal relationship with Jesus Christ.

How are parent(s)/guardian(s) accomplishing this goal in their lives?

Regular Bible Reading Regular Church Attendance

Sunday School Attendance Praying Others

Ways parent(s)/guardian(s) are using their talent/resources to serve God are:

Visitation Team Tithing Mission Trips Teaching Sunday School

Choir Team Working with the Youth Others

Ways parent(s)/guardian(s) are encouraging the development of their child/ren’s spiritual growth.

Regular Family Devotion AWANA/Christian Children Group Regular Bible Stories Time ……. Praying with Child/ren ………Church/Children Sunday School Attendance ……. Others

The bible says, Train up a child in the way he should go; and when he is old, he will not depart from it. Prov. 22:6

What would you recommend the school do if your child is not following direction and instruction, and he/she is been disruptive in class?

1. As parent(s)/guardian(s), we/I accept the responsibility God has given us/me to instruct our/my child/ren in the ways, words, and wonders of God. (Deuteronomy 11:18-22). We (I) promise to provide a home environment that is based on godly principles found in the Bible.
2. We/I have carefully examined and agree with the Mission and Faith Statement of Jubilee Christian Prep Academy and desire the school to work with us/me in the total education of our/my child/ren.
3. In the full cooperation with the school, we/I will regularly attend the Parent-Teacher meeting and other functions requiring our/my participation.
4. We/I pledge our/my loyalty to the aims and ideals of the school, agree to abide by the policies of JCPA and will direct any feedback and concerns to the appropriate person.
5. As parent(s)/guardian(s), we/I agree to work closely with the school in helping our/my student learn and to solve his/her school related problems.
6. We/I understand that JCPA is a non-profit ministry operating on the principle of faith. Tuition is kept low as possible to make Christian education available to those who desire it for their child/ren. Therefore, we/I commit to support and participate in all of the school Fundraising activities and to uphold the school constantly in prayers.
7. We/I understand and agree that our/my child will be required to wear uniform chosen by Jubilee Christian Prep Academy.
8. We/I have read the family commitment and herby agree to its terms. We/ I further attest that all information in this application is accurate and true. And we agree to abide by all the policies and procedures of JCPA as contained in the Parent’s Handbook.

Father’s Signature (Guardian) Date Mother’s Signature (Guardian) Date

Upon admission to the school, the following forms are required on or prior to the first day of attendance.

* + Entirely Completed Enrollment form
  + Georgia Immunization Form #3231 (At least 30 days after enrollment)
  + Ear/Ear/Dental Screening Form #3300 (Applicable to students 4 years and above; at least 30 days after enrollment.
  + Social Security Card Copy
  + Birth Certificate Copy
  + Proof of Government subsidy (If applicable)

# Notice of No Liability Insurance and Acknowledgment

This is to reiterate again that JCPA does not carry any liability insurance to protect student in the event of any injury.

I understand that I am being informed in writing by signing this acknowledgement that JCPA does not carry liability insurance sufficiently to protect my child/ren in the event of any injury, etc.

Parent or Guardian’s Signature Date

Parent or Guardian’s Signature Date

Administrator/Person-In-Charge’s Signature Date