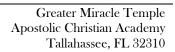


APPLICATION FOR ADMISSION

A. APPLICATION FOR 20						
PLEASE CHECK ONE OF T	ΓΗΕ FOLLOWIN	NG:				
GRADE LEVEL:						
(PRE-K)						
INFANT	1YRS OLD	2YRS OLI	D	_3YRS OLD		4YRS OLD
(K-12) Check on	е					
SEMESTER ENRO	LLING: Fall	Spring G	RADE LEVEL: _	Numbe	er of Credit	GPA
PLEASE CHECK ONE OF TH	E FOLLOWING	SUBJECT THAT	THE STUDENT	IS WEAKEST IN	V:	
SUMMER PROG	RAM (ONLY):	Reading	Writing_		Math	
B. PERSONAL INFORMA	ΓΙΟΝ					
Student's Name					DOB:	//
(L	ast name)		(First Name)		(Middle Na	me)
Sex: Male	Female	_	Birthday	/	/(r	month/day/year)
Place of Birth		_Native Language	C	ountry of Citizen	ship	SS#
Parent's Name					_DOB:	//
(L	ast Name)		(First Name)		(Middle Na	me)
Sex: Male	Female	-	Birthday	/	/(r	month/day/year)
Place of Birth	Native Lar	nguage	Country of Cit	tizenship	SS#: _	
Permeant Address:						
Street Address						
City			Province/Territ	ory		
Postal Code		Co	untry			
Home Telephone		Coll		F-mail		@



Two people who can be o	called in an emergency if parents	s cannot be reached:		
1st Name:	Address:	Re	lationship:	
Telephone:	Email address: _			
2nd Name:	Address:	Relations	ship:	
Telephone:	Email address:			
Please tell us about your	child: a) Physical Abilities:			
b) Toilet Abilities (if app	licable):			
c) Personality (shy, outg	oing, any fears, etc.):			
d) Eating Habits: Likes:			Dislikes:	
e) Sleeping Habits (bedt	ime hours, napping hours, speci	al security toys, etc.)		
f) Play Interests:				
g) Protection Habits (bit	ing, hitting, pushing, etc.):			
h) Is there anything else	you can think of that would help	o us to know and underst	tand your child better?	
Reason for enrolling at C	GMAC Academy:			
Medical Information Ca	re Card Number:			
Family Doctor:		Telephone:		
Child's General Health:				
Normal Energy Level:				
Development Difficulties	s Speech:	_ Vision:	Hearing:	
Does your child have any	handicaps or serious illnesses?			





Is your child on any type of medication?
Does your child have any allergies?
Has your child had any childhood diseases? (mumps, chicken pox, etc.)
Immunizations Your Child Must Have Immunizations For:
Diptheria/Pertussis/Tetanus – Dates:
Poliomyelitis – Dates:
HIB (Meningitis) – Dates:
Measles/Mumps/Rubella – Dates:
Special instructions about my child's health or diet:
I/We hereby authorize Greater Miracle Temple Apostolic Christian Academy staff to give any and all medical attention with respect to my child. I give my permission for to be taken to the hospital emergency if necessary.
Does student have an updated transcript from an previous school year(s) Y If so please included it with this application.
Tuition Payment Statues: Check the one that applies to you
School Tuition & Fees:
Private Pay: Step Up for Students Mc Kay Scholarship ELC VPK
After School Program Fees:
Private Pay: ELC



Parent Contract

Arrival Greater Miracle Temple opens at 7:00 am pre-k and 8:00 K-12, we have an arrival deadline of 8:30 am pre-k and 9:00 am K-12. If you are unable to make it but the posted times, then a phone call is necessary so that the staff knows that your child will be attending that day. Anyone showing up after 8:30 without a phone call could be turned away. "Closing" Greater Miracle Temple Apostolic Christian Academy closes for the day at 5:30 pm. All children and should be gone at 5:30 pm. We does understand sudden bad weather, but if you know that you are unable to pick your child up by 5:30, then please make alternate arrangements to have your child picked up on time. The staff must be notified if this person is not on the pick-up list. This person must be prepared to show LD. Late charges are \$15 after 5:30 pm, then \$1 per minute after and must be paid immediately and directly to the staff on duty. Time Away from the Center If at any time your child is absent from Miracle Temple for holidays, sickness or any other reason, parents must pay their fees in order to secure your child's space in our Academy. Our teachers are providing a service and must be paid the same regardless if your child is in attendance or not. Fees are paid prior to the week and stay the same regardless of how many days are in the month. Checks, money orders or bank drafts are preferred. Receipts are given so please keep them safe for your tax purposes. All N.S.F. checks are subject to a \$35 charge or subject to be turned over to local Law enforcement agencies if fees are not paid. Care will not be provided to your child and your space could be filled. Greater Miracle Temple will post all holidays we're closed. Change of Information It is the responsibility of the parent to inform the Academy in writing of any changes that should be made to their child's registration form.

For example: change of pick up persons, new allergies, new address or phone number, etc. Registration Parents are required to pay a \$35 registration fee at the time or registering their child. Please plan some time for spending with your child at our Academy. Parents agree not to send their child to our Academy with any communicable disease or illness (continuous cough, red throat, unexplained rashes, swollen glands, head or stomach aches, fevers, vomiting and diarrhea). The Academy must be informed if your child contacts any illness. Each and every child must be well enough to participate in the Academy's daily activities (both indoor and outdoor). Parents will be required to have their doctor sign a release form before their child can return to the Academy, if the child has been away with a contagious disease. Parents will be called to pick up their child if they are not well. The staff at Greater Miracle Temple Apostolic Christian Academy are not permitted, or authorized to administer any medication, unless prescribed by a doctor and dispensed by a pharmacist. Please do not ever send medication in your child's lunch box. The staff must be informed and a medication form must be signed by the parent. The medication is then kept in a locked box, so that no other child could come in contact with it. Greater Miracle Temple Apostolic Christian Academy is in no way responsible for lost or broken items. The children are not permitted to bring toys from home. Snacks from home are allowed, but we ask that these foods be nutritional. Allergies must be known as special treats may be given at party celebrations. Withdrawal requires a full month's notice in writing which must be given the first of the month. Failure to give one month's notice will result in the parent being required to pay the full month's fee.

I/We Temple Apostolic Christian Academy a	on the date of	understand the policies of Greater Miracle
Temple Apostone emistian Academy &	and agree to ablue by them.	
Signature of applicant		

YOU CAN NOW \mathbf{PRINT} YOUR APPLICATION, \mathbf{SIGN} IT, AND \mathbf{MAIL} IT TO:

Print out and complete this application form. Then, send by mail and with your \$30 application fees to:

Admissions Officer Greater Miracle Temple Apostolic Christian Academy Tallahassee, FL 32310 USA

Telephone: 850.575.2632 Fax: 850.575.2632 Email: tally.gmacacademy@gmail.com

Updated January 24, 2017