



APPLICATION FOR ADMISSION

A. APPLICATION FOR 20_____

PLEASE CHECK ONE OF THE FOLLOWING:

GRADE LEVEL:

(PRE-K)

INFANT _____ 1YRS OLD _____ 2YRS OLD _____ 3YRS OLD _____ 4YRS OLD _____

(K-12) Check one

SEMESTER ENROLLING: Fall _____ Spring _____ GRADE LEVEL: _____ Number of Credit _____ GPA _____

PLEASE CHECK ONE OF THE FOLLOWING SUBJECT THAT THE STUDENT IS WEAKEST IN:

SUMMER PROGRAM (ONLY): Reading _____ Writing _____ Math _____

B. PERSONAL INFORMATION

Student's Name _____ DOB: _____/_____/_____

(Last name)

(First Name)

(Middle Name)

Sex: Male _____ Female _____

Birthday _____/_____/_____ (month/day/year)

Place of Birth _____ Native Language _____ Country of Citizenship _____ SS# _____-_____-_____

Parent's Name _____ DOB: _____/_____/_____

(Last Name)

(First Name)

(Middle Name)

Sex: Male _____ Female _____

Birthday _____/_____/_____ (month/day/year)

Place of Birth _____ Native Language _____ Country of Citizenship _____ SS#: _____-_____-_____

Permeant Address:

Street Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

Home Telephone _____ Cell _____ E-mail _____@_____



Two people who can be called in an emergency if parents cannot be reached:

1st Name: _____ Address: _____ Relationship: _____

Telephone: _____ Email address: _____@_____

2nd Name: _____ Address: _____ Relationship: _____

Telephone: _____ Email address: _____@_____

Please tell us about your child: a) Physical Abilities:

b) Toilet Abilities (if applicable): _____

c) Personality (shy, outgoing, any fears, etc.): _____

d) Eating Habits: Likes: _____ Dislikes: _____

e) Sleeping Habits (bedtime hours, napping hours, special security toys, etc.)

f) Play Interests: _____

g) Protection Habits (biting, hitting, pushing, etc.): _____

h) Is there anything else you can think of that would help us to know and understand your child better?

Reason for enrolling at GMAC Academy:

Medical Information Care Card Number: _____

Family Doctor: _____ Telephone: _____

Child's General Health: _____

Normal Energy Level: _____

Development Difficulties 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:

Diphtheria/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 _____ N _____ 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 I.D. 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 _____ on the date of _____ understand the policies of Greater Miracle Temple Apostolic Christian Academy and agree to abide by them.

Signature of applicant _____

YOU CAN NOW **PRINT** YOUR APPLICATION, **SIGN** IT, AND **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