



Joshua Christian Academy

924 St. Clair Street
Jacksonville, Florida 32254
(904) 388-2227

GRADE/ UPPER SCHOOL ENROLLMENT APPLICATION

Name of Student _____ Grade Child will enter _____

Date of Birth (month/day/year) _____ Soc. Sec. # _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Carrier _____

Race/Ethnic _____ Sex: ___ male ___ female

Enrollment date: _____

Name of School last attended: _____

Address: _____ City _____ State _____ Zip _____

School(s) attended during previous year: _____ Address of School _____

Grade last attended _____ Any grade repeated? ___ Yes ___ No

Has student ever been dismissed, suspended, or expelled from any school (including Joshua)?

___ Yes ___ No If yes, explain _____

Any unusual factors in the student's life? ___ Yes ___ No If yes, explain _____

Does student have any disability? ___ Yes ___ No. If yes, explain _____

Has student been enrolled in any of the following classes (check all that apply)

Gifted SLD EH EMH Speech Language Visually Handicapped

Hearing Impaired Physically Handicapped Other



Names of Parents and/or Guardian:

FATHER: _____ Date of Birth ____/____/____ Soc. Sec. # _____

Address: _____ Home Phone _____

Cell Phone _____ Carrier _____

Email: _____

Employer: _____ Employer's Address: _____ Employer's

phone: _____ Extention: _____

MOTHER: _____ Date of Birth ____/____/____ Soc. Sec. # _____

Address: _____ Home Phone _____

Cell Phone _____ Carrier _____

Email: _____

Employer: _____ Employer's Address: _____ Employer's

Phone: _____ Extention: _____

GUARDIAN: _____ Date of Birth ____/____/____ Soc. Sec. # _____

Address: _____ Home Phone _____

Cell Phone _____ Carrier _____

Email: _____

Employer: _____ Employer's Address: _____ Employer's

Phone: _____ Extention: _____

Check one:

Child lives with: **Father:** ___ **Mother** ___ **Both** ___ **Other:** ___ (Relationship) _____



In case of accident or illness and I can not be reached, who should be notified?

Names and addresses of emergency contacts:

- | | | | | |
|----|-------|---------|--------------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Address | Cell Phone/Carrier | Relationship |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Address | Cell Phone/Carrier | Relationship |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Address | Cell Phone/Carrier | Relationship |

Persons who can pick up my child (ren) from school. I will update this list as needed.

Names and addresses of **person(s) authorized to pickup child (ren) from Joshua Christian Academy:**

1.	_____	_____	_____	_____
	Name	Address	Cell Phone/Carrier	Relationship
2.	_____	_____	_____	_____
	Name	Address	Cell Phone/Carrier	Relationship
3.	_____	_____	_____	_____
	Name	Address	Cell Phone/Carrier	Relationship
4.	_____	_____	_____	_____
	Name	Address	Cell Phone/Carrier	Relationship

Date: _____ **Signature of Parent:** _____

EMERGENCY TRANSPORTATION AUTHORIZATION

Instructions: _____

Signature of Parent/Guardian _____ Date signed _____

ALLERGIES / . MEDICAL PROBLEMS:

MEDICATIONS: (include name of medication, dosage, time of administrations, reason for medication, physician's name)

Comments

Physician: _____

Physician's Address _____ Phone _____

Hospital: _____

Address _____ Phone _____

For office use only:

- | | |
|--|---|
| <input type="checkbox"/> McKay Scholarship program | <i>Student accepted for Grade</i> _____ |
| <input type="checkbox"/> HEROES Scholarship program | <i>Student accepted for Grade</i> _____ |
| <input type="checkbox"/> Private Pay | <i>Student accepted for Grade</i> _____ |
| <input type="checkbox"/> Opportunity Scholarship | <i>Student accepted for Grade</i> _____ |

Registration Amount Paid \$ _____ Date Paid: _____ Receipt # _____

Books Paid \$ _____ Date Paid _____ Receipt # _____ Planner Paid \$ _____ Date Paid _____ Receipt # _____

Satchel Paid \$ _____ Date Paid _____ Receipt # _____ Uniforms Paid \$ _____ Date Paid _____ Receipt # _____

Transportation Paid \$ _____ Date Paid _____ Receipt # _____ Start Date ____/____/____

Extended Day Paid \$ _____ date paid _____ Receipt # _____



Medical Authorization

I authorize Joshua Christian Academy or any of its agents to dispense medicine to my child, _____, if needed. This includes Tylenol, Motrin, Tums, Mylanta, Pepto Bismol, Neosporin and other basic over-the-counter medications including the use of alcohol, peroxide, witch hazel, first aid cream, etc.

I understand that any medication must be given to a school administrator and that my child may not have it in his/her possession. I further understand that I must provide written, signed instructions as to when and how the medication should be administered. I agree to hold Joshua Christian Academy and its representatives harmless for any liability to my child because of any claims on behalf of my child against Joshua Christian Academy or any representative thereof because of any injury or alleged injury to my child which results from dispensing of said medication unless said injury was willful or negligent. Should legal action, for any reason, be taken against Joshua Christian Academy or any employee or representative thereof, on my child's behalf and the school or its representative not be found at fault, I agree to pay all legal fees, such as attorney fees, court cost, damages or other costs that may arrive from this issue that Joshua Christian Academy or its representative should incur to defend itself against such action.

Date _____

Parent/Guardian Signature _____



Health History

Has your child ever been seriously ill? Yes No
If yes, please list all serious illnesses

Has your child ever had rheumatic fever? Yes No

Does your child have a heart murmur Yes No

Has your child ever had a bad reaction to medicines? Yes No
If yes, list the medication and please give reason:

Is your child under the care of a physician? Yes No
If yes, please give the reason

Is your child allergic to anything? Yes No
If yes, what?

Has your child received a dental examination or dental treatment within the last year? Yes No

Is there anything else we should know about the health of your child? Yes No



CONSENT TO RELEASE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I, _____ do hereby consent to Duval County Health Department, 515 West Sixth Street, Jacksonville, FL 32206 and any physician or healthcare provider or authorized agent, examining or treating one to use or disclose protected health information for treatment, payment, or healthcare operations including release to any third party payer, any medical, psychiatric/ psychological, alcohol/drug abuse, sexually transmitted disease, tuberculosis, AIDS, HIV, or case management information, including any information received from other healthcare providers, concerning diagnosis and treatment for its use in determining a claim for such diagnosis or treatment. This may include any and all information pertaining to payment.

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE ABOVE AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

Client/Representative Signature

Date

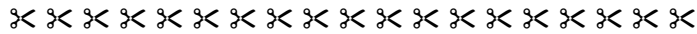


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PHOTO / VIDEO RELEASE AUTHORIZATION

Joshua Christian Academy periodically makes snapshots of students while engaged in school activities such as academics, school spirit and extended day programs. It is our desire that you will grant permission for the photographing or video graphing of your child. Please sign, date and return this form.



Parents / legal guardians please fill out and sign the following form to allow your child to participate in the Joshua Christian Academy photographing and video taping of events at the school. Please fill out all information below.

Student's Name _____

Student's Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12

Parents(s) Legal Guardian _____

Address _____

City, State and Zip Code _____

Phone _____

School Name Joshua Christian Academy

In consideration of the opportunity to help my child's school, Joshua Christian Academy, develop a photo history, yearbook, video and other community media activities (television, football, cheerleading) presentations that will display the Christian atmosphere in which JCA uses to teach academic and spiritual growth.

In connection with the appearance and performance of (name of child) _____ in an audiovisual work in which he/she participates in, I hereby consent and agree to the reproduction and use of such footage (including audio track) containing my child's performance, name, voice and likeness, as the same may be edited, modified and revised by JCA and its designated agencies, without restriction as to territory, frequency, duration and manner of media of usage.

I further understand that Joshua Christian Academy will be the sole owner of the work, the re-recorded work, and any and all broadcast and any other advertising materials produced utilizing the foregoing works and all rights therein, including but not limited to the world copyrights.

I, the undersigned, represent that I am the Parent / Legal Guardian of the minor named about and as such I am fully authorized and entitled to enter into this agreement on his / her behalf and do hereby agree to the above terms and conditions.

Signature of Minor's Parent or Legal Guardian

Date



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Field Trip Permission Form

Dear Parent(s) / Guardian(s):

As a part of your child's educational experience at Joshua Christian Academy, your child's teacher and administration have planned extended experiences and / or field trips for your child's enrichment.

Students will be transported by bus or van, whichever best accommodates the class size. Trips are subject to change due to academic scheduling, weather, testing, etc.



Field Trip Permission

I / We consent to _____,

Child's Name

accompanying his/ her class / group on the planned and supervised field trip and I agree to release and discharge Joshua Christian Academy, Joshua Christian Faith Center, Inc., its officers, agents and employees exercising reasonable care within their scope of employment from liability (all claims) and demands / rights and causes of action) growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity.



Parent / Guardian: _____ Date _____

(Chaperones are always needed and welcomed)



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Dear Parent:

The “Drop Everything and Read” (D.E.A.R.) Program will begin on Monday, August 22. Each student will be expected to read at least 5 books each week. D.E.A.R. reading time will be from 1:30 p.m. – 1:50 p.m. 3 times per week (M, W, F).

After a student reads a book, he/she will complete information about it on the form that he/she will be given. An adult (parent, teacher or school official) must initial the space on the form that verifies the student has read the book.

Teachers will select one person in the classroom to collect the forms and bring them to the library.

Special recognition will be given to the student in each classroom, who reads the most books (over five) each week. At the end of the school year, special recognition will be given to the student who has read the most books in the school.

Sincerely,

School Librarian

Detach and Return



Detach and Return

My child _____ has permission to check out books from the school library. I will be financially responsible for any book that my child loses or damages.

Parent / Guardian Signature

Date