



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

NURSERY/PRESCHOOL ENROLLMENT FORM

Child's Name: _____ Social Security Number: _____

Address: _____ City: _____ Zip: _____

D.O.B. _____ Age: _____ Gender: _____

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

Mother's SSN: _____ Father's SSN: _____

Phone Number: _____ Phone Number: _____

Alternate Number : _____ Alternate Number : _____

Email address: _____ Email address: _____

PARENT EMPLOYMENT INFORMATION

Mother _____
 Name and Address of Employment _____ Phone Number _____

Father _____
 Name and Address of Employment _____ Phone Number _____

Child's Physician: _____ Phone: _____

Address: _____

May the center call another physician if unable to contact the above? Yes _____ No _____

Persons authorized to remove the child:
 Mother: Yes _____ No _____
 Father: Yes _____ No _____
 Guardian: Yes _____ No _____

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility: If none, please indicate "None."

Name	Address	Phone	Relationship

Special instructions regarding eating habits, medical conditions, toileting or any other area of concern:

Has your child ever been dismissed from another preschool facility? Yes _____ No _____

PARENT'S RESPONSIBILITIES:

ACCOUNTS:

I understand that if my account is not PAID IN FULL within one week of the date due, my child will not be accepted until my account is paid in full. All fees are NON-TRANSFERABLE AND NON-REFUNDABLE. Any false information disclosed on this application may result in immediate dismissal.

SIGNATURE

DATE



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Parent Contact Form

Student name: _____ Birth Date _____ Age _____

Parent(s) name: _____

Address: _____ City _____ Zip _____

Home telephone #: _____

Daytime phone #: _____ mother

_____ father

Cell phone #: _____ mother

_____ father

In case of an emergency notify (if the parents can not be reached):

_____ phone _____

_____ phone _____

Family doctor: _____ phone _____

Parent Signature: _____ date _____



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Parent Interview Form

Date: _____ Time: _____

Prospective Student: _____ Grade: _____

Parent(s) at Interview: _____

How did you hear about the Joshua Christian Academy and why are you considering Christian education for your child: _____

Are you a Christian: _____ Where do you attend church? _____

What are your educational expectations for your child? _____

Does your child have any special needs or learning disabilities? Has he/she been tested for any learning related issue(s) or received a diagnosis for any learning difficulties?

Does your child have any history of behavioral / conduct problems? _____ If so, what might they be: _____

Parental involvement is essential if your child is to attend Joshua Christian Academy. Are you willing to work with the school to insure that your child receives a quality Christian education?

_____ If yes, will you attend parent / teacher conference? _____ Will you come to school when all other classroom and school management techniques have been used? _____

Will you assist your child with his/her homework? _____ Will you volunteer to assist in the classroom at some time during the school year? _____.

Date _____ Parent/Guardian Signature _____



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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 _____



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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

Child's name _____ Parent's signature _____



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**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) Nursery Preschool K 1 2 3 4 5 6 7 8

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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Discipline Procedures

Each child here at Joshua Christian Academy is a **unique** individual and the discipline policy is fostered and tailored to meet the needs and individual situation of each child.

The following procedures will be used by staff:

Discuss with child his/her activity to find the cause of the undesirable behavior.

Re-direct the child to a positive activity.

Offer encouragement and give positive reinforcement

Time-out: about one (1) - five (5) minutes from the group; monitored at all times.

Conference with parents regarding behavioral pattern of the child.

If disciplinary problems continue, the child may be dismissed.

It is our policy that a child is `NEVER' spanked at the Academy. Our policy does not include any of the following:

1. Humiliating, frightening, or negative reinforcement associated with food, rest, or toileting.
2. No form of physical punishment.

I have been notified of the disciplinary practices used by Joshua Christian Academy.

_____ parent's signature

_____ date



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JOSHUA CHRISTIAN ACADEMY BITING, SCRATCHING, FIGHTING POLICY

According to the American Red Cross, human bites and scratches constitutes the number one in jury among Pre-Schools. They are very serious and grave occurrences as human bites scratches can be infective and dangerous. To safeguard all the children in the Academy against bites, scratches, and fighting we must enact the following policy:

- First Occurrence: Conference with Parent
- Second Occurrence: Child is removed from the Academy for the rest of the day.
- Third Occurrence: Child is removed from the Academy for the rest of the week.
- Fourth Occurrence: Child is removed from the Academy and is not allowed to return for one semester and until biting, scratching or fighting no longer presents a problem.

If the parent wishes, we can schedule a conference with the Administrator, teacher (if available) and parent along with the child to discuss the gravity of the situation with the student. As biting, scratching, and fighting is utilized by pre-schoolers working through frustrations, they also tend to not understand the seriousness of their action. Sometimes, a prolonged conference can help to underscore parental discipline regarding the issue.

By signing this document I acknowledge that I have read and understand the Biting, Scratching, Fighting Policy of Joshua Christian Academy (refer to your child's student handbook p. 16).

Parent's Signature

Date

Nursery/Preschool Supervisor's Signature

Date



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FIELD TRIP PERMISSION FORM

My child, _____, has my permission to accompany his/her class/group on any planned field trips and to be transported by Joshua Christian Academy or designated transportation. I agree to release and discharge Joshua Christian Academy, Joshua Christian Faith Center, Inc., its Officers, Agents, and employees exercising responsible care within their scope of employment from liability (all claims and demands/rights and cause of action) growing out of, of personal injuries and property damage resulting or occurring the aforementioned activity, or in transit to and from said activities.

Parent's Signature

Date



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Notice of Disciplinary Practices

Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the disciplinary procedures and that all information on the enrollment form is complete and accurate.

Signature

Date



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Transportation Application

Student's Name _____ Enrollment Date _____

Parent/Guardian's Name _____ Grade _____

Address _____
Street City State Zip

Contact Numbers: Home _____

Work _____

Cell _____

Please Check One:

Pick-Up Transportation

Drop-Off Transportation

Pick-up and Drop-Off Transportation

Person authorized to pick up the student other than the parent or legal guardian:

Name	Phone	Relationship
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Name	Phone	Relationship
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I understand that once my child(ren) have enrolled in transportation, I am responsible for payment regardless of holidays, planning days, absences, personal vacations, inclement weather, etc. **NO FEES WILL BE PRORATED OR REFUNDED FOR ANY REASON.** I further understand that payment is due on or before **FRIDAY** preceding services and the late fee policy will apply to unpaid fees. If for any reason fees are not paid, services will be terminated immediately until the fees are paid in full. If a student has to return to the Academy because there was no one at the designated drop-off location to receive them, the late pick-up fee will be applied from the time the van leaves the home until the student is picked up. By signing this form I acknowledge that I have read and understand the payment policy regarding transportation fees.

Parent/Guardian Signature

Date



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ILLNESS VERIFICATION FORM

I, _____, have read and agree with the following
(parent/guardian's signature)

policy of Joshua Christian Academy Nursery/Preschool Developmental Center.

1. Children with **fevers, diarrhea, pink eye, skin rashes and/or vomiting** should not be brought into the Academy until these symptoms have disappeared and/or have been diagnosed as not contagious.
2. Children who begin to experience the above symptoms while attending the Academy must be **promptly** removed. When the parent is called, the child is to be picked up from the facility within 1 hour.
3. A release form from a doctor must be brought in before the child with unknown illnesses may return to the Academy.
4. Every single chicken pox must be completely dried up before a child is allowed to return to the Academy.
5. Children with open sores may not attend the Academy without a release form from the doctor and the sores must be securely bandaged or cleared up.
6. Any redness or discharge from the eyes needs to be checked by a doctor prior to returning to the Academy.

Parent/guardian's signature

date



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ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK

I, _____, acknowledge that I have received
(parent/guardian name)

a copy of the Joshua Christian Academy Nursery & Preschool Hand-
book for my child _____.
(child's name)

By signing this statement, I agree to be held accountable for reading
and familiarizing myself with policies and procedures of Joshua
Christian Academy's Nursery & Preschool.

Parent/guardian's signature

date

Office Manager's Signature

date