

704 Mcleod Ave Haines City Fl 33844
Millennium Christian Academy

ENROLLMENT / REGISTRATION FORM

Self-Pay___ McKay___ StepUp/AAA___ Other___

CHILD'S NAME_____ BIRTHDAY ___/___/___ SS#_____

NAME CHILD IS MOST OFTEN CALLED_____ HOME PHONE_____

HOME ADDRESS_____

PARENT'S LIVING TOGETHER, SEPARATED, OR DIVORCE?

MOTHER'S NAME_____ DOB ___/___/___ SS#_____

CELLULAR PHONE#_____ Email_____

EMPLOYER_____ BUSINESS PHONE_____

FATHER'S NAME_____ DOB: ___/___/___ SS#:_____

CELLULAR PHONE_____ Email_____

EMPLOYER_____ BUSINESS PHONE # _____

IF NEITHER PARENT CAN BE REACHED IN AN EMERGENCY, PLEASE CALL:

NAME_____ PHONE_____

NAME_____ PHONE_____

**AUTHORIZATION
TO PICK UP A CHILD FROM MILLENNIUM CHRISTIAN ACADEMY**

Name of Child(ren): _____

I hereby inform MILLENNIUM CHRISTIAN ACADEMY that the people listed below are authorized to pick up the above-named children at any time. Accordingly, MILLENNIUM CHRISTIAN ACADEMY is hereby instructed to release my child(ren) into the care of the following people whenever they come to MILLENNIUM CHRISTIAN ACADEMY FACILITY.

AUTHORIZED PICK-UP PERSON:

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- Parents/guardians must inform MILLENNIUM CHRISTIAN ACADEMY (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- The “Authorized Pick-Up Person” must be at least 18 years old and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Signature Date

Parent/Guardian Signature Date

FINANCIAL AGREEMENT

1. IT IS A DESIRE TO ENROLL _____ IN MILLENNIUM CHRISTIAN ACADEMY.
2. I HEREBY AGREE TO PAY THE SUM OF \$ _____ FOR WEEKLY / _____ MONTHLY, _____ BEFORE, _____ AFTER SCHOOL CARE AND _____ REGISTRATION.
I UNDERSTAND ANY ADDITIONAL SERVICES REQUESTED WILL ADJUST THE ABOVE RATE, AND RATES ARE SUBJECT TO CHANGE AS CONDITION REQUIRE. _____INITIALS
3. **PAYMENT OF FEES:** ALL FEES WILL BE PAID EACH FRIDAY, **IN ADVANCE**. FEES NOT PAID BY FRIDAY WILL BE CONSIDERED LATE. A \$15.00 FEE WILL BE ADDED. ALL FEES MUST BE CURRENT PRIOR TO ADMITTING CHILD TO CLASS ON MONDAY A.M. _____INITIALS
4. **ABSENTEEISM POLICY:** I UNDERSTAND THAT IF MY CHILD IS ABSENT DURING THE WEEK, THE FULL WEEKLY FEE •S DUE. IF YOUR CHILD IS ABSENT FOR A WHOLE CONSECUTIVE SCHOOL WEEK, WITH OUT ANY PRIOR NOTICE, THE CHILD WILL BE WITHDRAWN FROM THE ACADEMY IMMEDIATELY AT THE END OF THE WEEK. _____INITIALS
5. **WEEK OFF:** I UNDERSTAND THAT 3 MONTHS AFTER REGISTRATION DAY, 1 WEEK PER YEAR WILL BE HONOR. IF ANY REASON THE CHILD WILL TAKE MORE THAN 1 WEEK PER YEAR HALF OF THE WEEKLY FEE WILL BE DUE (THIS DOES NOT APPLY TO 4C PARENTS) IN THIS CASE, PLEASE BE SURE TO TURN IN A COMPLETED REQUEST OF ABSENCE FORM. _____INITIALS
6. **REGISTRATION FEE:** I UNDERSTAND THAT **THE REGISTRATION FEE OF \$300.00** IS TO BE PAID AT THE TIME OF REGISTRATION AND IS AN ANNUAL FEE. I UNDERSTAND THAT THIS A PROCESSING FEE AND INSURANCE FEE AND **IS NON-REFUNDABLE**. _____INITIALS
7. **WITHDRAWAL:** PARENTS WITHDRAWING THEIR CHILD MUST FILL OUT A WITHDRAWAL FORM PRIOR TO THE CHILD LEAVING. THIS FORM MUST BE SUBMITTED TO THE OFFICE ON THE FRIDAY PRIOR TO THE WEEK THE CHILD IS TO BE **WITHDRAWN FEE \$200.00** _____INITIALS.
8. **REINSTATEMENT FEE:** I UNDERSTAND THAT REINSTATEMENT, IF SPACE IS AVAILABLE, REQUIRES A NEW REGISTRATION FEE OF \$100.00 _____INITIALS.
9. **RETURN CHECKS:** I UNDERSTAND AND AGREE THAT FOR ANY RETURNED CHECK A FEE OF \$35.00 WILL BE CHARGED. RETURNED CHECKS WILL REQUIRE CASH TO BE REDEEMED. TWO RETURNED CHECKS WILL RESULT IN BEING PLACED ON A CASH ONLY BASIS, ANY RETURNED CHECK THAT IS NOT REDEEMED MAY RESULT IN FURTHER CHARGES DUE TO THE COLLECTION FEES INCURRED. _____INITIALS
10. **CHILD RECORD:** ALL CHILDREN'S RECORDS, INCLUDING MEDICAL RECORDS, WILL BE RETAINED UNTIL OUTSTANDING BALANCES AND DELINQUENT CHARGES ARE PAID IN FULL BY CASH. _____INITIALS
11. **HOURS:** OUR HOURS OF OPERATION ARE FROM 8:00 AM TO 1:50PM. _____INITIALS
12. **REFUND POLICY:** At Millennium Christian Academy we have a NO-REFUND policy _____INITIAL

SIGNATURE _____.

DATE _____

CHILD'S MEDICAL HISTORY

Name of Child _____ Birthday ____/____/____ Sex _____

Address _____

Home PHONE _____

#phone Number _____ Parent/Guardian _____

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To Parent/Guardian: Please check answers to questions 1 through 9 below in the column on the left.

(Please explain any "Yes" answers in the space below.)

1. Yes ___ No ___ Any concerns about general health (eating and sleeping habits, weight, etc.)?

2. Yes ___ No ___ Any other specific illness or social/emotional or behavioral problems?

3. Yes ___ No ___ Any allergies (food, insects, medication, etc.)?

4. Yes ___ No ___ Any prescription medication (daily or occasionally at home)?

5. Yes ___ No ___ Any problem with vision, hearing, or speech (glasses, contacts, ear tube, hearing aids)?

6. Yes ___ No ___ Any hospitalization, operation, or mayor illness (specific problem)?

7. Yes ___ No ___ Any significant injury or accident (specific problem)?

8. Yes ___ No ___ Any fainting or losing conscience in the past?

9. Yes ___ No ___ Would you like to discuss anything about your child's health with school personnel?

10. Yes ___ No ___ Any other medical, emotional or physical concerns or observations about your child?

To Parent/Guardian: Please explain any "Yes" answers from above.

Physician Name _____ Physician Phone number _____

Insurance Carrier _____ Insurance Number _____

Signature of Parent/Guardian _____ Signature of Witness _____

FIRST AID POLICY

AT MILLENNIUM CHRISTIAN ACADEMY, WE HAVE AS A PRIORITY KEEPING OUR ENVIRONMENT FREE OF ACCIDENT AND /OR INJURIES. HOWEVER, ACCIDENTS AND /OR INJURIES MAY OCCUR DURING THE TIME THAT YOUR CHILD IS HERE. FOR US IT IS EXTREMELY NECESSARY TO PROVIDE YOUR CHILD WITH THE IMMEDIATE ATTENTION THAT HE/SHE NEEDS DURING THAT TIME, OF COURSE ABIDING BY THE GUIDELINES THAT ARE STIPULATED IN OUR FIRST AID TRAINING.

I, _____, PARENT/GUARDIAN OF _____

HEREBY AUTHORIZE MILLENNIUM CHRISTIAN ACADEMY AND ALL OF ITS MEMBERS TO PROVIDE THE NECESSARY ATTENTION THAT MY CHILD NEEDS DURING A TIME OF ACCIDENT AND/OR INJURY. I AM FULLY AWARE AND AGREE THAT THE FOLLOWING ITEMS CAN AND MAY BE USED DURING THIS TIME: RUBBING ALCOHOL, HEALING OINTMENT (TRIPLE ANTIBIOTIC), ICE, HOT/COLD COMPRESSION PAD, GAUZE PADS, AND BAND-AIDS.

I UNDERSTAND THAT IF MY CHILD IS ALLERGIC TO ANY OF THE ABOVE ITEMS USED IN THE FIRST AID PROCESS AND FAIL TO REPORT THIS IN WRITING, I ACCEPT FULL RESPONSIBILITY OF ALL ITS CONSEQUENCES.

I ALSO UNDERSTAND THAT IN THE CASE THAT MILLENNIUM CHRISTIAN ACADEMY AND ALL OR ANY OF ITS MEMBERS USES ANY OF THE LISTED ITEMS AND MY CHILD HAS A BAD REACTION I CANNOT HOLD MILLENNIUM CHRISTIAN ACADEMY OR ANY OF ITS MEMBERS LIABLE.

PRINT PARENT/GUARDIAN NAME

PARENT SIGNATURE

WITNESS SIGNATURE

DATE

WRITTEN ILLNESS POLICY

DEAR PARENT/GUARDIAN:

IN THE EVENT THAT YOUR CHILD HAS MORE THAN TWO DIARRHEAS, VOMITS, OR HIGH FEVER, PARENT OR GUARDIAN WILL IMMEDIATELY BE CONTACTED IN ORDER TO AVOID THE CONTAMINATION OF OTHER CHILDREN.

IF YOUR CHILD PRESENTS A SERIOUS ILLNESS, HE/SHE WILL NOT BE ALLOWED BACK INTO THE ACADEMY UNTIL A DOCTOR'S APPROVAL IS PROVIDED BY THE PARENT OR GUARDIAN. THANK YOU FOR HELPING US KEEP OUR CHILDREN AND YOURS SAFE.

THANK YOU,
MILLENNIUM CHRISTIAN ACADEMY & STAFF

I, _____, PARENT/GUARDIAN OF

HAVE READ AND UNDERSTOOD THE ABOVE POLICY ESTABLISHED BY MILLENNIUM CHRISTIAN ACADEMY. I UNDERSTAND THAT IN THE EVENT THAT NO ONE IS BEING REACHED, "MCA WILL CONTACT THE DEPARTMENT OF CHILDREN AND FAMILY TO PICK UP MY CHILD.

PARENT/GUARDIAN SIGNATURE

MCA STAFF SIGNATURE

DATE

WHEN YOUR CHILD IS ILL

IF YOUR CHILD BECOMES ILL AT SCHOOL, WE WILL CALL YOU OR THE PERSON(S) AT YOUR EMERGENCY NUMBER TO COME PICK HIM [HER UP. PLEASE MAKE SURE THAT THE EMERGENCY CONTACT INFORMATION IS KEPT CURRENT AND LET YOUR DIRECTOR OR TEACHER KNOWS OF ANY CHANGES. IF YOUR CHILD IS BROUGHT TO THE CLASSROOM SICK, WE WILL REQUIRE THAT HE/SHE BE TAKEN HOME IMMEDIATELY. CHILDREN WILL NOT BE ALLOWED IN CLASS IF ANY OF THE FOLLOWING SYMPTOMS ARE NOTICED:

- AN ORAL TEMPERATURE OVER 100.5 DEGREES
- A SORE RED THROAT, EVEN IF NO FEVER PRESENT
- AN EARACHE
- A DEEP, HACKING COUGH
- SEVERE CONGESTION
- DIFFICULTY BREATHING OR UNTREATED WHEEZING
- AN UNEXPLAINED RASH
- VOMITING
- DIARRHEA
- COMPLAINTS OF STIFF NECK AND HEADACHE WITH ONE OR MORE OF THE ABOVE SYMPTOMS
- THICK DISCHARGE FROM NOSE
- YELLOW DISCHARGE FROM EYE
- AN UNUSUAL YELLOW COLORING TO THE SKIN OR EYES
- CUT OR OPENINGS ON THE SKIN THAT ARE PUS OR FILLED OR OOZING.
- LICE OR NITS. IF YOUR CHILD HAS LICE YOU WILL BE CONTACTED TO COME AND PICK HER/HIM UP. CHILDREN WITH HEAD LICE MAY NOT BE RETURNED TO THE CLASS UNTIL THEIR HAIR IS FREE OF NITS.
- A CONTAGIOUS DISEASE. IF YOU KNOW OR SUSPECT THAT YOU'RE CHILD HAS A CONTAGIOUS DISEASE, PLEASE CALL YOUR CHILD'S TEACHER OR DIRECTOR.

General Uniform Policy

The Parent's or Legal guardian's signature verifies receipt of MILLENIUM CHRISTIAN ACADEMY uniform policy. Please complete the following:

I, _____, have received a copy of MILLENNIUM uniform policy.

Signature of
Parent

Date

Name of Child

DISCIPLINARY PRACTICE

PARENTS ARE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICE USED BY MILLENNIUM CHRISTIAN ACADEMY. THE PARENT'S OR LEGAL GUARDIAN'S SIGNATURE VERIFIES THAT PRINTS' AND LEGAL GUARDIAN'S HAVE BEEN NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES OF MILLENNIUM CHRISTIAN ACADEMY FACILITY.

I, _____, HAVE RECEIVED IN WRITING THE DISCIPLINARY PRACTICES USED BY THE MILLENNIUM CHRISTIAN ACADEMY.

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

NAME OF CHILD

THE DISCIPLINARY PRACTICES USED BY MILLENNIUM CHRISTIAN ACADEMY ARE AS FOLLOWS:

STATE RULE TO CHILD

- 1- Use of a positive guidance to redirect children behavior rather than a negative way.
- 2- If child continues to break rules, the parent is notified by telephone.
- 3- If the child's behavior continues a conference with the parent will be scheduled.
- 4- WE DO NOT USE THE PHYSICAL PUNISHMENT.

STATEMENT OF BELIEF

We at MILLENIUM CHRISTIAN ACADEMY Believe ...

The bible is the inspired and only infallible and authoritative written Word of God. There is God, eternally existent in three persons: God the Father, God the Son and God the Holy Ghost.

- In the deity of our Lord Jesus Christ, in His virgin birth, in His resurrection and ascension to the right hand of the Father, in His personal future return to this earth in power and glory to rule.
- In the blessed hope rapture of the Church at Christ's coming.
- The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
- Regeneration by the Holy Spirit is absolutely essential for personal salvation.
- In water baptism by immersion.
- The redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
- The baptism of the Holy Spirit, according to Acts 2:4 is giving to believers who ask for it.
- In the sanctifying power of the Holy Spirit by who's in dwelling the Christian is enabled to live a holy life.

By signing below, we the parents/guardian affirm we have given completely truthful information herein; that we have received, read, understood the Statement of Belief.

PARENT/GUARDIAN SIGNATURE

MCA STAFF SIGNATURE

**MILLENNIUM CHRISTIAN ACADEMY CONSENT AND RELEASE
FOR PHOTOGRAPHY/VIDEOTAPING**

I _____ THE PARENT/GUARDIAN OF _____
ON BEHALF OF MY CHILD, I DO HEREBY CONSENT TO THE
PHOTOGRAPHY/VIDEOTAPING OF MY CHILD WHILE HE/SHE IS INVOLVED
IN ANY **MCA** PROGRAMS AND/OR ACTIVITIES. I UNDERSTAND THAT MY
CHILD'S NAME WILL NOT BE RELEASED NOR VERBALLY NOR PRINT. I DO
HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS, DEMANDS OR
OBJECTIONS AGAINST "**MILLENNIUM CHRISTIAN ACADEMY**" IN
CONNECTION WITH OR ARISING OUT OF THE SAID PHOTO
GRAPHY/VIDEOTAPING.

IT IS UNDERSTOOD THE PHOTOGRAPH(S)/VIDEOS MAY BE USED FOR
PROMOTIONAL PURPOSES INSIDE AND/OR OUTSIDE OF MILLENNIUM
CHRISTIAN ACADEMY.

IT IS UNDERSTOOD THAT **MCA** WILL NOT DUPLICATE PHOTOGRAPHS
/VIDEOS FOR THE USE OR BENEFIT OF ANY INDIVIDUAL, STUDENT OR
PARENT.

PARENTS/GUARDIAN SIGNATURE

DATE

PERMANENT SCHOOL CLOSING

In the event that **MILLENNIUM CHRISTIAN ACADEMY** had to close for unforeseen circumstances, we will transfer appropriate records in ample time.

Please indicate below the person and address all/any records should be mailed to:

Name

Address

City _____ State _____ Zip Code _____

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "JJCC ACADEMY Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize MILLENNIUM CHRISTIAN ACADEMY
(FULL NAME)

to charge my credit card indicated below for \$ _____ on the _____ of each _____ for payment of Monthly school fees.

(day or date) (frequency)

Billing Address _____ City, State, Zip _____

Phone _____ Email _____

credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date.	_____

SIGNATURE _____

DATE _____

I understand that this authorization will in until it in writing, and I agree to notify Millennium Christian Academy in writing of any changes in my account information or termination of tis authorization at least 15 days prior to billing date. If the above noted payment dates fail on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/saving account, I understand that because these are electronic transactions, these funds may be withdrawn from my account es soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-sufficient Funds NSF) I understand that MILLENNIUM CHRISTIAN ACADEMY may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring Payment. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction correspond to the term indicated in this authorization form.