

709 Mcleod Ave Haines City Fl 33844
Millennium Christian Academy



ENROLLMENT / REGISTRATION FORM

STUDENT NAME _____ BIRTHDAY __ / __ / __

TYPE OF SCHOLARSHIP _____ SS# _____

HOME ADDRESS _____

MAILING ADDRESS _____

PARENTS' S LIVING TOGETHER, SEPARATED, OR DIVORCE? _____

MOTHER S NAME _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER _____ WORK PHONE: _____

FATHERSNAME: _____ HOME
PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER: _____ WORK 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: _____

I hereby inform MILLENNIUM CHRISTIAN ACADEMY that the people listed below are authorized to pick up the above name child 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 ACADEMYT FACILITY.

AUTHORIZED PICK-UP PERSON:

Name: [OB] Relationship to Child: [OB] 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- This authorization shall remain in force until edited or rescinded by the signers of this AUTHORIZATION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, _____ 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 AND TUITION FEES** WILL BE PAID EACH _____. (EXAMPLE: QUARTER OR MONTHLY) AND NEEDS TO BE PAID OFF BEFORE MAY 10,2027 _____ **INITIALS**

4. **BEFORE AND AFTER SCHOOL** PAYMENTS WILL BE PAID EACH MONDAY AFTER RECEIVING THE INVOICE FOR THE SERVICES RECEIVED THE WEEK BEFORE. FEES NOT PAID BY FRIDAY WILL BE CONSIDERED LATE. **\$15.00 FEE** WILL BE ADDED. ALL FEES MUST BE CURRENT PRIOR TO ADMITTING CHILD TO CLASS ON MONDAY A.M _____ **INITIALS**

5. **REGISTRATION FEE:** I UNDERSTAND TRAT THE REGISTRATION FEE OF **\$300.00** TO BE PAID AT THE TIME OF REGISTRATION AND IS ANNUAL FEE. I UNDERSTAND THAT THIS PROCESSING FEE AND INSURANCE FEE AND IS **NON – REFUNDABLE** _____ **INITIALS**

6. **WITHDRAWAL:** PARENTS WITHDRAWING THEIR CHILD MUST FILL OUT A WITHDRAWAL FORM PRIOR TO THE CHILD LEAVING. PARENTS HAVE TO PAY A WITHDRAWAL **FEE OF \$200.00** _____ **INITIALS**

7. **REINSTATEMENT FEE:** UNDERSTAND THAT REINSTATEMENT, IF SPACE IS AVAILABLE, REQUIRES A NEW REGISTRATION FEE OF **\$100.00** _____ **INITIALS**

8. **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 CASH ONLY BASIS, ANY RETURNED CHECK THAT IS NOT REDEEMED MAY RESULT IN FURTHER CHARGES DUE To THE COLLECTION FEES INCURRED. _____ **INITIALS**

9. **CHILD RECORD:** ALL CHILDREN'S RECORDS, INCLUDING MEDICAL RECORDS, WILL BE RETAINED UNTIL OUTSTANDING BALANCES AND DELINQUENT CHARGES ARE PAID IN FULL _____ **INITIALS**

10. **HOURS:** OUR SCHOOL HOURS OF OPERATION ARE FROM 8:00ÄM TO 2:30 PM. _____ **INITIALS**

11. **REFUND POLICY:** AT MILLENNIUM CHRISTIAN AVCADEMY WE HAVE A **NO-REFUND** POLICY _____ **INITIALS**

SIGNATURE _____ **DATE** _____

CHILD'S MEDICAL HISTORY

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

Address: _____

Home Phone: _____ Parent/Guardian _____

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 Erom 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 OF _____ PARENT/GUARDIAN _____

HEREBY AUTHORIZE MILLENNIUM CHRISTIAN ACADEMY AND ALL OF ITS MEMBERS TO PROVIDE THE NECESSARY ATTENTION THAT MY CHILD NEEDS DURING TIME OF ACCIDENT AND/OR INJURY. I AM FULLY AWARE AND AGREE THAT THE FOLLOWING ITEMS CAN 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, 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 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 SERIOUS ILLNESS, HE/SHE WILL NOT BE ALLOWED BACK INTO THE ACADEMY UNTIL DOCTORS' 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.

PARENTS SIGNATURE _____ **MCA STAFF SIGNATURE** _____
DATE _____

WHEN YOUR CHILD IS ILL

IF YOUR CHILD BECOTGS 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 EPERGENCY CONTACT INFORMATION X EPT CURRENT AND LET YOUR DIRECTOR OR TEACHER mows OF ANY CHANGES. IF YOUR CHILD IS BROUGHT TO THE CLASSROOM SICK, WE WILL REQUIRE THAT HE/SHE BE TAKEN HOME IMMEDIÄTELY. 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
- DEEP, HACKING COUGH
- A 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 MOW OR SUSPECT THAT YOU'RE CHILD HAS CONTAGIOUS DISEASE, PLEASE CALL YOUR CHILD'S TEACHER OR DIRECTOR.

General Uniform Policy

THE PARENT OR LEGAL GURDIAN SIGNATURE VERIFIES RECEIPT OF
MILLENNIUM CHRISTIAN ACADEMY UNIFORMS POLICY. PLEASE
COMPLETE THE FOLLOWING

I, _____ HAVE RECEIVED A COPY OF
MILLENNIUM CHRISTIAN ACADEMY 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, VS 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 positive guidance to redirect children's behavior rather than a negative way.
- 2 – If a 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 PHYSICAL PUNISHMENT.

STATEMENT OF BELIEVE

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 Bin 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 emersion.
- 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/VIDEO TAPING**

I THE PARENT/GUARDIÄN OF _____

ON BEHALF OF MY CHILD, _____

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 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 PHOTOGRAPHY/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 that should be mailed to:

Name _____

Address _____

City _____ State _____ Zip Code _____