

ST. JAMES KID'S ACADEMY



Students Name

REGISTRATION PACK

6501 NW ST. JAMES DRIVE PORT ST. LUCIE FL. 34983
[O] 772.878.1129 [F] 772.336.0653 www.sjka.org

A MINISTRY OF CHRIST FAMILY INTERNATIONAL

APPLICATION FOR ENROLLMENT

Start Date: _____ / _____ / _____

School: _____

How did you hear about us: Newspaper Radio Friend Church Existing Patron

Student Information

Student's Name: _____ MI: _____ Last Name _____

Address: _____

APT # _____ City _____ State _____ Zip _____

DOB: _____ / _____ / _____ Age: _____ years old Male Female

E-mail address _____ @ _____ . _____

Guardian Information

Same Address As Above [PLEASE SUBMIT DRIVERS LICENSE FOR COPYING]

Guardian #1: _____ MI: _____ Last Name _____

Address: _____

APT # _____ City _____ State _____ Zip _____

Employer: _____ Company Name: _____

Work Phone: [_____] _____ Ext: _____ Home Phone [_____] _____

Cellular Phone: [_____] _____ Other Phone: [_____] _____

E-mail address _____ @ _____ . _____

Same Address As Above [PLEASE SUBMIT DRIVERS LICENSE FOR COPYING]

Guardian #2: _____ MI: _____ Last Name _____

Address: _____

APT # _____ City _____ State _____ Zip _____

Employer: _____ Company Name: _____

Work Phone: [_____] _____ Ext: _____ Home Phone [_____] _____

Cellular Phone: [_____] _____ Other Phone: [_____] _____

E-mail address _____ @ _____ . _____

EMERGENCY CONTACT INFORMATION

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain medical care if warranted.

Doctor: _____ Phone: [____] _____

Dentist: _____ Phone: [____] _____

Preferred Hospital: _____

Insurance Company: _____ Policy # _____

Please list allergies, special medical or dietary needs and any other areas of concern. [ie. Lactose intolerant, etc.]

Contacts

Your child will only be released to the custodial parent or legal guardian and the persons listed below. The following people can be contacted and are authorized to remove from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached;

Name: _____ Phone: [____] _____

Name: _____ Phone: [____] _____

Name: _____ Phone: [____] _____

Signed: _____ Date: ____ / ____ / ____

For office use only	<input type="checkbox"/> Application Approved _____ <input type="checkbox"/> Application Declined _____ Directors Signature: _____ Date: ____ / ____ / ____
<input type="checkbox"/> Yes, I received the drivers license for copying from guardian #1 & #2	
<input type="checkbox"/> Yes, I confirmed what dates student will be enrolled for.	
<input type="checkbox"/> Yes, I have checked to make sure that all required information is completed on all forms.	
<input type="checkbox"/> Yes, I have checked that the application and financial agreement forms are signed.	
Comments or questions for the director: _____ _____	
Signed: _____ Date: ____ / ____ / ____ Staff member enrolling student	

FACILITY RULES & REGULATIONS

Classroom like conduct is observed.

Reptiles, bugs, animals and marine life [dead or alive] are not permitted in the facility without special permission.

No smoking, alcohol products or mood altering substances allowed in the facility.

Inappropriate gestures, vulgarity and profanity are not permitted.

Students who vandalize any property of Christ Family International will be required to make restitution.

Any behavior that puts others at risk of harm is not permitted.

No running, hitting, spitting, lying, kicking, slapping, play fighting, screaming, belittling, mocking, stealing, throwing things, dirty language, rude acts with body parts, causing physical harm to self or others is permitted in the facility.

Consequences for breaking the above rules (3 Strike Policy);

1st Offense Verbal Warning

2nd Offense Written Warning

3rd Offense Expulsion

- Please Note: Children that have been expelled from any previous SJKA Camp or SJKA Academy will not be able to re-enroll for any future Camps or K-12 Grades.

Christ Family International reserves the right to expel any child involved in violent acts or uncontrollable behavior while on the premises.

We have read and understand the rules and consequences listed above. We also agree to abide by these rules while attending Before & Aftercare and Camps at Christ Family International.

Enrolled Student Signature: _____ / / _____

Parent Signature: _____ / / _____

FINANCIAL AGREEMENT

Contract between the **Christ Family Camps** & _____
[Guardian's Name]

We the parents / guardians agree to the following stipulations;

All tuition payments are due on Friday for the next week. We accept cash, debit or credit cards, personal and company checks which are immediately verified through our system.

A \$10.00 late fee will be charged on Monday. Failure to pay tuition in a timely manner may result in the disenrollment of your child. Any returned checks will be charged an additional \$50.00 and only alternate methods of payment will be accepted.

Summer Camp Registration fee is \$25.00 for all

Due upon registration 1 weeks tuition & Registration fee due upon enrollment.

Camp Rates

Full Time \$75.00

Daily Rate \$15.00

Friday \$5 Pizza Lunch Fee (Students must bring their own lunch Daily. A cold breakfast is included.)

ATTENDANCE SCHEDULE

PLEASE IDENTIFY THE WEEKS YOUR CHILD WILL BE ATTENDING DURING THIS CAMP

JUNE 14TH - AUGUST 20TH

CREDIT CARD AUTHORIZATION

I AUTHORIZE CHRIST FAMILY INTERNATIONAL TO DEDUCT WEEKLY ON A MONDAY

THE AMOUNT OF _____ FOR CAMP & OTHER FEES.

NAME: _____

CARD#: _____

EXP: _____

CVV: _____

SIGNATURE: _____