

PNEUMA CHRISTIAN SCHOOLS
APPLICATION FOR ADMISSION

ENROLLMENT DATE: ____/____/____

Student's full name: _____ Gender: Male Female

Birth: ____/____/____ Last First Middle
Grade last attended: ____ Was student promoted? Yes No Entering Grade: ____

Address: _____ Zip Code: _____

Has student ever been dismissed, suspended or disciplined at any school? Yes No

If yes explain: _____

School attended during previous year: _____ Teacher Name: _____

Who has custody for this child: Mother Father Guardian Other: _____

Father's Name: _____ Cell Phone: (____) ____ - ____

Employer: _____ Occupation: _____ Work Phone: (____) ____ - ____

Email Address: _____ Marital Status: Married Divorced/Separated Single

Mother's Name: _____ Cell Phone: (____) ____ - ____

Employer: _____ Occupation: _____ Work Phone: (____) ____ - ____

Email Address: _____ Marital Status: Married Divorced/Separated Single

Guardian's Name: _____ Cell Phone: (____) ____ - ____

Employer: _____ Occupation: _____ Work Phone: (____) ____ - ____

Email Address: _____ Marital Status: Married Divorced/Separated Single

Family Church: _____
Name Address Pastor

Does child have any allergies? Yes No If yes, please indicate _____

In case of an emergency, to which hospital should we take the child? _____

Child's Physician: _____ Address: _____ Phone: _____

Does child have health insurance (ex., private insurance, Kid-Care, Medicaid)? Yes No

Insurance Company: _____ Policy # _____ Phone: _____

Persons, other than parents, permitted to remove child and/or to be notified in case of illness or accident:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

HEALTH - Any health or special situations concerning the child of which PNEUMA CHRISTIAN SCHOOLS should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long-term use. Please include any therapies the child may be receiving and or any dietary restrictions or allergies:

We want to get to know your child better so we can provide the best possible experience in our programs.

Please tell us more about your child...

What are the main ways your child communicates? *(Mark all that apply)*

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Speaks and is easily understood | <input type="checkbox"/> Uses communication devices like pictures or a board |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses gestures like pointing, pulling or blinking |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Uses sounds that are not words like grunting |

What, if any, help does your child receive at this time? *(Mark all that apply)*

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> Behavioral therapy or services |
| <input type="checkbox"/> Physical therapy (PT) | <input type="checkbox"/> Counseling for emotional concerns |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> None |

Does child have a documented disability? Yes No If yes, do you have *(check all that apply)* :

- Individualized Family Service Plan (IFSP; if under 3 years old)
- Individualized Education Plan (IEP) from the school system
- Section 504 Plan
- Medical diagnosis from a doctor
- Diagnosis by a state certified/licensed professional (ex., psychologist)

Disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations (If yes, how would you best classify the type(s)? *(Check all that apply)*:

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Chronic Medical Condition or Illness | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Developmental Delay (under 5 only) | <input type="checkbox"/> Problems with learning (if school-age) |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other Disability: _____ |
| <input type="checkbox"/> Physical Disability | |

If you marked "None of the above" on the question above, please skip the next two questions and initial below. If you marked any other answer above, please answer the remaining questions and initial below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No
To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Holding a crayon/pencil, writing, using scissors or other fine motor tasks | <input type="checkbox"/> Adapting activities to take into account a visual or hearing impairment |
| <input type="checkbox"/> Sports or physical activities like running or other gross motor | <input type="checkbox"/> Using assistive device(s) i.e wheelchair, crutches, brace |
| <input type="checkbox"/> Personal services like help with feeding, toileting or changing clothes | <input type="checkbox"/> Managing feelings and behavior |
| <input type="checkbox"/> Academic, learning or reading activities | <input type="checkbox"/> Other _____ |

Child's Country of Origin: _____ Child's Ethnicity: Hispanic Haitian Other: _____

Child's Race: American Indian/Alaskan Asian Black/African American Pacific Islander White Other: _____

Is Child Proficient in English? Yes No

Additional/Other language(s) spoken in the home: Spanish Haitian-Creole Other: _____

Child's Social Security number: _____ - _____ - _____ No SSN Prefer not to give SSN

MDCPS ID Number: _____ No MDCPS ID Prefer not to give MDCPS ID

Names of Brothers/Sisters with birthdate: _____ / _____ / _____

Signature of Parents: Father: _____ Mother: _____

Guardian: _____ Date: _____ / _____ / _____

Is the participant a Child of a Military Family? Yes No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

DIRECT-PAY AUTHORIZATION AGREEMENT

Name (Oldest Child Name): _____

Bi-Weekly Amount \$ _____ Plus additional assessments (such as late payment fee, late arrival fee, activity fee) incurred throughout the period of active enrollment.

I (we) hereby authorize PNEUMA CHRISTIAN SCHOOLS, Inc., to initiate debit entries to my (our) account on a bi-weekly basis for my (our) complete account balance as of: _____/_____/_____ from my/our CHECKING ACCOUNT (hereafter called "DEPOSITORY") indicated below at the depository financial institution named below,

I (we) understand that the charges to the below referenced bank account will be based on charges that are due and payable at the time of the transaction. I (we) understand that this agreement is between myself (us) and PNEUMA CHRISTIAN SCHOOLS. I (we) authorize PNEUMA CHRISTIAN SCHOOLS to utilize Tuition Express to capture, create, and transmit all checking account or credit card information.

I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between PNEUMA CHRISTIAN SCHOOLS and the below signed account holder. I (we) acknowledge that the origination of direct payments to my (our) account must comply with the provisions of U.S. law. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give PNEUMA CHRISTIAN SCHOOLS 20 days in advance written notice of revocation as to afford PNEUMA CHRISTIAN SCHOOLS and Depository/Credit Company a reasonable opportunity to act on it.

CHECKING ACCOUNT PAYMENT AUTHORIZATION

Name on the Checking Account: _____

Depository/Bank Name: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

GENERAL AGREEMENTS AND POLICIES

STATEMENT OF COOPERATION

In signing this form, I understand that:

- We pledge our loyalty to the aims and ideals of the school and will bring any and all questions and criticisms directly to the administration so that those in authority may properly consider them.
- We will read the Statement of Faith and PNEUMA CHRISTIAN SCHOOLS Affirmations and are willing to have our child trained in accordance with them.
- The administration has full responsibility for placing my child in the proper grade and classroom.
- Since the fees do not cover the actual cost of educating my child, we recognize that our participation is needed in player, service, and gifts in order to properly share in his/her training.
- It is the school's policy to make no refunds on registration and material fees.
- I am required to pay the amount specified in the above Schedule of Tuition & Fees regardless of my child being absent from the center while being enrolled.
- Tuition Payments will continue to be charged unless I provide the school with a written withdrawal notices a minimum of 3 weeks prior to the last attendance date.
- Full tuition is due even on weeks when holidays and emergency conditions for which the school is closed.
- If my account becomes delinquent more than one week, it will result in my child being suspended from school until the account is brought current.
- If my payment is not received by Monday, (in advance), a late charge in the amount of \$30.00 will be charged to my account.
- A \$35.00 charge will be added to my account for any NSF checks.
- For every three times my child is late, my account will be charged \$10.00.
- I understand that late pickup and early drop off of my child will be subject to a fee.
- We understand that if our child/children is/are withdrawn, suspended, expelled, or dismissed for any reason, we will follow and pay in full all financial obligations as outlined.

PNEUMA CHRISTIAN SCHOOLS APPLICATION FOR ADMISSION

- We understand that all tuition, fees, and fundraising for one year must be current before we can proceed to the next year or before records and/or report cards can be released.
- We understand any applicable extracurricular activity fees must be paid in full in the office before these activities can begin.
- We understand no record can be released from the school unless you have received a clearance from the office and the school financial board.
- Uniforms are mandatory on school days, unless otherwise specified through a school event or other activity. The dress code policy will be adhered to on the first day of school.
- PNEUMA CHRISTIAN SCHOOLS reserves the right to collect delinquent funds by using the services of a collection agency. Please be advised this may affect your credit history and interest will be compounded on the delinquent amount.
- I am responsible to read and adhere to all the policies and procedure found in the Parent Handbook available to me in the PNEUMA CHRISTIAN SCHOOLS website: www.pneumachristianacademy.com
- If am planning to volunteer throughout the school year, I must get fingerprinted at the beginning of the school year. There are times throughout the year when parents may be requested to serve as a chaperone or helper in some activity. The school requires the parents to follow the same standards of dress and conduct as required of the students. Parents not in harmony with these standards will not be permitted to act as chaperones.
- Every parent/guardian must make arrangements with their child's teacher to participate in a minimum of 10 hours per year in the classroom environment. Parents/guardians will have the opportunity to read to the children in the parent's native language, explain their job traits, participate in the implementation of the curriculum, serve as an aid to the teacher, chaperone in a field trip, etc. Participation in school activities prepared for the benefit of the parents will not be considered literacy hours. Parents will be charged with a \$5.00 fee for each hour not invested in their child's literacy program (Maximum fee of \$50.00.)
- Uniforms are mandatory on school days, unless otherwise specified through a school event or other activity. The dress code policy will be adhered to on the first day of school. We understand PNEUMA CHRISTIAN SCHOOLS reserves the right to (1) terminate, dismiss, or suspend enrollment of any student whose conduct, behavior (both on and off campus), or performance falls short of the standards of PCS, as determined by PCS; (2) terminate, dismiss, or suspend enrollment of any student whose parents/guardian exhibit inappropriate, unsupportive, and disrespectful behaviors that do not meet PCS standards, as determined by PCS at its sole discretion; (3) adopt and amend rules and regulations relating to academic and disciplinary matters; and (4) change its course offerings, activities, class schedules, school publications, personnel, policies, procedures, and practices at any time in PCS's sole discretion. Parents agree that this contract is between the parent/guardian and PNEUMA CHRISTIAN SCHOOLS and is not contingent upon the assignment of the student to any particular teacher. PCS reserves the right to suspend or dismiss any student whose progress or conduct is considered unsatisfactory.

POLICY CONCERNING SEPARATED AND DIVORCED PARENTS

PNEUMA CHRISTIAN SCHOOLS will consider applications for the enrollment of children whose parents are divorced or legally separated, only under these conditions:

- The marital status must be honestly and openly revealed at the time of the application.
- The custody situation as legally prescribed by court action must be presented to PCS, including written copies of any decrees or agreements that define the children's custody status.
- If both parents retain parental rights, including but not limited to: custody, joint custody, physical custody, or any other situation where each parent retains some right to make decisions pertaining to the child's education, health, and welfare, then both parents must sign an enrollment contract with PCS. It is the responsibility of the parent presenting the application to correctly describe the custody situation and make contact, if requested, to the other parent to move forward with the application process. Any claim that the other parent has had rights relinquished or terminated must be substantiated. A contract will be written to one parent alone only when it established to the Administrator's satisfaction that the other parent has no legal custody or parental rights that might involve the school.
- Disputes between the parties, including differing information about the custody status and parental rights, will serve as grounds for the rejection of the application.
- Step-parents have no legal rights regarding the enrollment of children at PCS and will not be parties to the enrollment contract, unless they have guardianship or power of attorney to act on behalf of the spouse.
- PCS will cooperate in sending duplicate reports and notices to separated/divorced parents as is practical, but communication between the parties remain essential for the academic success of the student. PCS will not be caught in the middle of family matters.

INCLUSION PROGRAM AUTHORIZATION

PCS strives to provide our students and their families with the support needed for academic success. To this end, we partner with various professional organizations to create strategies that can meet the individual needs of all children. Members of these organizations will be working with your child's teacher to observe the daily routine and assist him/her in developing a more personalized curriculum that may include: individualized teaching strategies, anti-bullying group counseling, building Christian leaders groups, promoting collaboration, teaching empathy, character building strategies, etc. We will share specific information that will help develop individualized recommendations to maximize your child's learning experience. This information may include, but is not limited to: IFSP, IEP, diagnoses, treatment, educational/school records, etc. Any information shared between our school and these organizations will be held in strict confidence.

MEDICAL AUTHORIZATION

We hereby grant to PNEUMA CHRISTIAN SCHOOLS permission to take whatever action in its judgment may be necessary to supply emergency medical services to the above name child. We understand that, consistent with the circumstances of the situation and available time, PNEUMA CHRISTIAN SCHOOLS will attempt to contact and follow the instructions of the parent or guardian, physician, or other person (s) designated by us above. In the event PNEUMA CHRISTIAN SCHOOLS is unable to contact the parent or guardian, physician, or other person (s), we hereby grant permission to PNEUMA CHRISTIAN SCHOOLS to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses, which may be incurred by PNEUMA CHRISTIAN SCHOOLS in making emergency medical treatment available to the above named child.

IMPORTANT - If your child appears ill, has had a fever above 100.4 degrees F within the past 24 hours, is vomiting, or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at PNEUMA CHRISTIAN SCHOOLS you will be asked to pick her/him up immediately.

GENERAL RELEASES

- THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE PNEUMA CHRISTIAN SCHOOLS, its officers, employees, board members, funding partners, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in any of the above activities sponsored, planned or directed by PNEUMA CHRISTIAN SCHOOLS.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in any of the above activities sponsored or directed by PNEUMA CHRISTIAN SCHOOLS.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in any of the above activities sponsored, planned or directed by PNEUMA CHRISTIAN SCHOOLS; and
- THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- I/We hereby consent and hold the School harmless for the release of my/our child's record and information upon request by an educational institution or law enforcement agency. I/We also release and hold the School harmless from any liability stemming from the use, disclosure or release of my/our child's records or information.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

GENERAL AUTHORIZATION

We hereby consent and authorize PNEUMA CHRISTIAN SCHOOLS and other organizations associated with PCS, permission for the above named child to:

- Take part in all program activities including the use of all indoor and outdoor equipment
- To take or/use still photographs, motion picture, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research documentary, and public relations purposes. I am aware that any such recordings may reveal our identity through the image itself without any compensation to me, my children or wards. Any such recordings shall be the sole property of PCS. I hereby waive any and all present and future claims I may have against PCS and other organizations associated with PCS, their staff, employees, agents, affiliates and Board member respectively.
- To be transported to or from the premises of PNEUMA CHRISTIAN SCHOOLS to take part in planned educational field trips or activities supervised by the staff of PNEUMA CHRISTIAN SCHOOLS (provided that such field trip or activities will be separately announce to the parent or guardian 24 hours in advance of the trip or activity);
- To participate in water activities on PNEUMA CHRISTIAN SCHOOLS premises.

