

# New Jerusalem Christian Academy

3101 Kingsway Rd., P.O. Box 1238, Seffner, FL 33583

## *Enrollment Package Preschool*

**2020-2021**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

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To begin that admissions process:

- Completed Application for Enrollment
- Paid Enrollment Fee

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Interviews to be conducted by Principal (*new students*)

- Parent Interview Date: \_\_\_\_\_
- Student Interview/Entrance Testing Date: \_\_\_\_\_

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Forms Needed:

- Copy of Birth Certificate (new student)
- Shot Records (also referred to as “blue form”)
- Medical / Physical Form (also referred to as “yellow form”)
- Signed Handbook Acknowledgment Form
- Agreement on Discipline
- Medical Information / Authorization for Medical Treatment
- Influenza Form

### **Non-discriminatory Policy**

No child will be refused admission to the school, nor be dismissed from the school for reasons of race, color, religion or ethnic origin. However the school administration reserves the right to refuse admission and/or dismiss any child whose behavior is disruptive or harmful to other children.

**School Hours: K2 – K4 (8:00am – 12:00pm)**

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Child's Name:		Grade:	
Address:		City:	State & Zip:
Home Phone #:	Sex:		DOB:
S.S. #:	Ethnic Origin:		Allergies:
Child's Doctor:	Phone Number:		

Father's Name:			
Address:		City:	State & Zip:
Home Phone:	Work:		Cell:
Employer:	<b>Pick up allowed ( ) YES ( ) NO</b>		Email:

Mother's Name:			
Address:		City:	State & Zip:
Home Phone:	Work:		Cell:
Employer:	<b>Pick up allowed ( ) YES ( ) NO</b>		Email:

Who has legal custody of the child?		
Is there anyone who may <b>NOT</b> pick up your child?		
People to notify in case of an emergency and /or pick up your child other than parent/guardian:		
1)	Relationship:	Phone:
2)	Relationship:	Phone:
3)	Relationship:	Phone:

School attended last year:\_\_\_\_\_ Fax:\_\_\_\_\_

\_\_\_\_\_ City\_\_\_\_\_

State:\_\_\_\_\_ Phone:\_\_\_\_\_

How did you hear about our school?

\_\_\_\_\_ Face book \_\_\_\_\_ Church (Church Name:\_\_\_\_\_)

\_\_\_\_\_ Internet \_\_\_\_\_ Friend (Students Name:\_\_\_\_\_)

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## Parent Pledge

### NJCA ARTICLES OF FAITH

1. We believe the Bible to be the inspired and only infallible Word of God.
2. We believe that there is one God, revealed in three persons: The Father, The Son and the Holy Spirit.
3. We believe that Jesus is God come in flesh and that He is both divine and human.
4. We believe in the saving power of the blood of Jesus and His imputed righteousness.
5. We believe in the bodily resurrection of Jesus Christ.
6. We believe that the Lord Himself shall come down from heaven with a mighty shout and with the soul stirring cry of the Archangel and the great trumpet call of God that the dead in Christ shall raise first. The believers that remain on the earth will be caught up with them in the clouds to meet the Lord in the air and remain with him forever.
7. We believe in the visible, bodily return of Christ Jesus to this earth to judge the world.
8. We believe that the terms of salvation are repentance toward God for sin and a personal heartfelt faith on the Lord Jesus Christ which results in regeneration of the person. This salvation is entirely by grace through faith.
9. We believe in the resurrection of both the saved and the lost. The saved unto resurrection of life with Jesus Christ and the lost unto resurrection of eternal separation from God.
10. We believe that God created the institution of marriage between a man and a woman. According to His word in Genesis 2:18-25.

### IN SIGNING AND SUBMITTING THIS APPLICATION, I AGREE THAT:

1. My child must meet the academic and department standards in order to be accepted at NJCA and to continue each semester.
2. When registering at NJCA, I chose to abide by the rules and regulations set forth by the school.
3. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
4. The Administration has full responsibility for placing my child in the proper grade.
5. The School has full discretion in the classroom discipline of my child, which includes detention, suspension and expulsion from the school program.
6. My cooperation is expected in: a) regular tuition payments, b) practical help, c) faithful prayer, d) participation in school functions, e) support of the teachers and school, f) PTM attendance, g) fundraisers .
7. I understand that monthly tuition payments are due on the 15<sup>th</sup> of each calendar month and are considered delinquent after the 20<sup>th</sup> calendar day at which time a \$25 late charge per student will be added to my account. If the account is not current by the first of the following month, the child will not be admitted to class. I also understand that report cards, transcripts and other records may be withheld unless financial accounts are current.
8. My child will go on scheduled field trips and other school activities.
9. In case of emergency when neither parent can be reached, I do hereby give permission for my child to receive medical care as necessary.
10. **Registration fee is non-refundable unless the school determines that they cannot accept submitted application. In the case of a non-accepted applicant, NJCA will retain \$25.00 from the registration fee. OTHERWISE, ALL FEES ARE NON-REFUNDABLE/NON-TRANSFERABLE.**

### EMERGENCY INFORMATION

In case of accident or serious illness, I request that the school contact me and emergency contacts. If the school is unable to reach me or anyone who is listed, I authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements that seem necessary.

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*Parents Signature of Approval*

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*Date*

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## **Statement of Cooperation**

It is my understanding that the policy for the school is to make no refunds on registration fees. I give New Jerusalem Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school, therefore I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of injury or alleged injury to my child. Should legal action, for any reason, be taken against New Jerusalem Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not found at fault, I agree to pay any attorney fees, court fees, damages or other costs that New Jerusalem Christian Academy or its agents should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my children listed (or other to be enrolled) attend New Jerusalem Christian Academy whether it be in the nursery, kindergarten, elementary, junior high, high school or summer school.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to New Jerusalem Christian Academy. New Jerusalem Christian Academy admits students of any race, color, and national or ethnic origin.

List names and grades of children in New Jerusalem Christian Academy:

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**\*BOTH PARENTS MUST SIGN**

Mother: \_\_\_\_\_

Date: \_\_\_\_\_

Father: \_\_\_\_\_

Date: \_\_\_\_\_

*If you are the Sole Guardian please sign below:*

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## FILL IN ONLY THE INFORMATION THAT APPLIES:

Child is living with: Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_

If other, please explain: \_\_\_\_\_

Marital Status of child's parents: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Remarried \_\_\_\_

Number of children in the family: Brother(s) \_\_\_\_ Age(s) \_\_\_\_ / Sister(s) \_\_\_\_ Age(s) \_\_\_\_

Stepfather's or Stepmother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Are there any languages other than English spoken in the home? \_\_\_\_\_

What Language: \_\_\_\_\_ by whom? \_\_\_\_\_

Does your child speak and understand the language? \_\_\_\_\_

## RELIGIOUS INVOLVEMENT QUESTIONNAIRE

To better serve our school families and community, please complete the following:

Are you a member of New Jerusalem Christian Church? \_\_\_\_\_

If so what ministries are you involved in: \_\_\_\_\_

If you are NOT a member of NJCC, what religion are you:

Christian \_\_\_\_ Jewish \_\_\_\_ Other \_\_\_\_ what denomination? (Catholic, Methodist, etc.) \_\_\_\_\_

Are you currently active in a local congregation? \_\_\_\_\_ Name: \_\_\_\_\_

Do your children regularly attend Sunday school? \_\_\_\_\_

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## ADDITIONAL INFORMATION:

### PROOF OF INSURANCE COVERAGE

New Jerusalem Christian Academy carries the necessary insurance coverage required for their operation. I am responsible for any other coverage for my own child. This is to verify the fact that my child \_\_\_\_\_ if fully covered by insurance.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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## PARENT PERMISSION FORM

I hereby certify that I am the parent/guardian of \_\_\_\_\_, (Child's Name) and give my permission for the following: (Please initial each item for permission)

### PHOTO RELEASE \_\_\_\_\_

I give my permission for my child's photograph or video image to be taken while he-she is in the care of New Jerusalem Christian Academy. Such images may be posted in classroom or other appropriate places. Pictures and videos may be used in center presentations, promotional materials, or distributed to staff and clients.

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE \_\_\_\_\_

In order to meet all legal requirements, I hereby authorize the Director of the preschool, other person in charge in the event or his/her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have child moved by ambulance or other conveyance to a doctor's office, clinic or hospital for immediate attention. I also assume responsibility for payment of the same.

### AUTHORIZATION TO TRANSPORT \_\_\_\_\_

For field trips, school activities or in the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the Director, or the person in charge in the event of his/her absence, to transport my child to a safe environment until I can be reached.

\_\_\_\_\_  
**Parent's Signature of Approval**

\_\_\_\_\_  
**Date**

**County of Hillsborough**

**Sworn and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, personally appeared before me or has produced Florida Driver's License # \_\_\_\_\_ as identification and who did not take an oath.**

\_\_\_\_\_  
**Notary Public, State of Florida**

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## Uniform Dress Code

### Girls:

#### K2-K4:

Yellow, Navy or light blue NJCA polo

Plaid Skirts

Black Shoes (no laces)\*

Socks (navy blue or white)

Navy blue or Khaki pants from

Nov-Feb (55 degrees or below)

**No pants may be worn under skirts**

Tights (winter time/navy blue or white)

### Boys:

#### K2 – K4:

Yellow, Navy or light blue NJCA polo

Navy blue or Khaki slacks/shorts (no cargo pants)

Black Shoes\* (no laces for preschool) (no tennis shoes)

Socks (navy blue or black)

**Navy blue polo may not be worn with navy blue pants**

- Shoes must be solid black, 2 tones or other combinations are not allowed, no tennis shoes of any kind.

*Students' appearances must be conservative, clean, neat and modest. Boys hair must be clean cut, cannot touch ears or neck, boys cannot have long hair (no braids, pony tails, dread locks, or corn rolls). Any accessories must match the uniform. No big earrings of any kind. Boys are not allowed to have earrings. Girl's fingernails must be neat and clean. If nail polish is to be applied, please apply neutral, light or clear colors. Clothing that is dirty, torn, tight fitting, high water, immodest or that present a sloppy appearance is not permitted. Student appearance must reflect the highest standards of a Christian school environment. All students must wear the NJCA uniform which can be purchased through Educational Outfitters. All shirts must be tucked in. If an under shirt is worn, it must be white. **Girls' skirt should be modest in length, no shorter than mid kneecap.** In cold weather, students may wear navy blue jackets, coats, or cardigan sweaters with their uniform. No jackets or sweaters with hoods.*

### Please remember to label all clothing items

I, the undersigned, do understand and will abide by NJCA School of the Arts uniform policies.

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*Parents Signature of Approval*

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*Date*

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## Preschool

### Eagle Care Program Statement of Financial Agreement

Registration Fee: \$45 (non-refundable)

Rates: (check one) (Note: Morning Care program is included with School day Program, Extended Care Program and After School Program).

\_\_\_\_\_ Morning Care Program Only (7:00am – 8:00am) \$20/week

\_\_\_\_\_ Wrap Around Care (for Preschool Students Only) (7am – 6:00pm) \$60/week

\_\_\_\_\_ I will not need Eagle Care Program Services, but acknowledge and agree to abide by the fee schedule as outlined herein, and specifically under Additional Time Charges and Daily Eagle Care Fees.

**PAYMENT TERMS:** I agree to pay New Jerusalem Christian Academy on a weekly payment schedule, IN ADVANCE. NJCA does accept prepayments. If your account falls two weeks in arrears, NJCA reserves the right to require an authorized credit card deduction for payment.

**LATE PAYMENT PENALTY:** All payments are due the Friday of the previous week. I agree to pay a \$15 late charge per week/per student that will be automatically charged to my account if payment is made after Monday morning each week.

**ADDITIONAL TIME CHARGES:** I agree to pay \$1 per minute fee per child beyond my program dismissal time. (Example: 6:01 to 6:09 = \$9). If I am not registered in an Eagle Care Program, I acknowledge that a late pick-up time is after 12:10pm for preschool and 3:10pm for Elementary and Middle School and I also agree to pay the late fee of \$1 per minute per child or portion thereof.

**EAGLE CARE CLOSED:** Eagle Care will be closed for all major holidays and as outlined in the official school calendar. Please note that Eagle care is closed for the Christmas Holiday and Spring Break. I understand that the weekly fee schedules are determined with the above holidays in consideration and that the regular weekly fee is not adjusted. Additionally, I understand that Eagle Care may be available on days when there is no school and that an additional fee of \$15 per day will be charged for those weeks accordingly. (i.e. Teacher Training Day)

**ABSENEETISM:** I understand and accept that two weeks (in full-week increments only) are provided for “vacation time” or can be used for extended illness. The office must be notified in writing one week prior to using “vacation time”. No payment adjustments will be made of additional absences.

**WITHDRAWAL:** I understand that I can withdraw my child at any time during the year for long-term or permanent absence. I also understand that re-entry requires that space be available and that a new registration fee be paid in advance.

**DAILY EAGLE CARE FEE:** \$20.00 per day for preschool and \$15.00 for Elementary School and must be paid when child is picked up. This service may only be used if prior notice and approval are given. If a child, regardless of age is dropped off at the school prior to 8:00am and is not registered in the Eagle Care Program, the student account will be charged \$10.00 per child/day.

**THIS AGREEMENT SUPERSEDES ALL PREVIOUS AGREEMENTS.** I have read, understand and accept the term and conditions set forth in this Agreement.

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*Parents Signature of Approval*

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*Date*



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## Statement of Financial Agreement 2019 - 2020

**Registration fee:** **\$195**

(Non refundable or transferable)

**Tuition fees and options:** **10 Months Installments Plan** (July 15-April 15)  
Preschool K2-K4 **\$3,950** (\$395 monthly)

Preschool-Prepay by July 1<sup>st</sup> **\$3,650**

<b>Book / Resource fee</b> (School Property)	<b><u>Due by May 15</u></b>	<b><u>Due by June 15</u></b>
Preschool K2- K4	<b>\$300</b>	<b>\$325</b>

**Participation in fundraisers is mandatory for all students.** NJCA holds two major fundraisers throughout the school year. If a student does not substantially participate in a fundraiser, the family account will be charged a \$100 fundraiser fee.

**(Fundraiser Fee is due by August 30<sup>th</sup>)**

**Fundraiser: Please choose one of the following:**

\_\_\_\_ **Yes**, I will participate in school fundraisers according to guidelines in Student Handbook.

\_\_\_\_ **No**, I choose to opt out of fundraiser participation and pay the fundraiser fee \$100 due by Aug. 30th.

Tuition payments are due the 15th of the month (July 15th -April 15th). Payments must be mailed to NJCA (P.O. Box 1238, Seffner, FL 33583) or handed into the school office. A late fee of \$25 per child per month will be charge if tuition is received after the 20th calendar day of the month. If your account is past due more than 30 days, you will be asked to remove the student from school unless adequate arrangements have been made the financial department. When there is an outstanding balance on a student's account, report cards are held and no records will be transferred.

Discount on tuition are available for parents with more than one student at NJCA. A 10% discount will be given for each additional child. Multiple child discount and Full payment discount may not be combined.

**ALL FEES AND TUITION PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**Parent's (or Guardian's) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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## Statement of Financial Agreement additional information

- A discount is given for full payment on tuition if paid by July 1st. If child is withdrawn by parent before December 31st, one half of tuition will be refunded less any discount(s) received. If the parent withdraws a student after January 1st, no refund will be given.
- A late fee of \$25 will be applied after due date for the Book / Resource fee.
- A late fee of \$25 will be applied after due date for the fees due on July 1st
- There will be a \$35 charge for returned checks.
- Students will not be admitted to class if any fees are behind.
- Students who are enrolled for one day or more of any payment period (including July and August) will owe the full payment period tuition. No record or grades will be issued or transferred if there are any unpaid fees.

### **PLEASE REVIEW AND SIGN BOTH PAGES OF THE FINANCIAL AGREEMENT**

I, the undersigned, do understand this financial agreement and agree to abide by it. I agree to pay any and all collection charges, which might be incurred by New Jerusalem Christian Academy in collecting my outstanding balance.

Parent's (or Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Telephone numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_

Reg. fee: \$\_\_\_\_\_ Payment form: Ck#\_\_\_\_\_ Cash Rec. # \_\_\_\_\_ CC\_\_\_\_\_

Payment Plan: \_\_\_\_\_ Daycare: \_\_ Yes \_\_ No

New: \_\_\_\_ Returning: \_\_\_\_ Sibling: \_\_\_\_

I have selected: \_\_\_\_\_ Prepayment \_\_\_\_\_ 10 Month

Received By: \_\_\_\_\_