



Admission Application for Infants (12 weeks - 18months)

Christian Montessori 5 day Program

_____ 8am-12 = **\$100 per week or \$400 per month**

_____ 8am-3 = **\$125 per week or \$500 per month**

_____ 8am-5 = **\$150 per week or \$600 per month**

(Parents provide: diapers, wipes, milk/formula, etc. all labeled with child's name.)

Infant

Full Name: _____
Last First Middle

Sex: _____ Birth Date: ___/___/___ SSN: _____ Age: _____

Address: _____ Phone: _____
Street City State Zip

Family Profile:

Father's Name: _____	Mother's Name: _____
Phone (C): _____ (W): _____	Phone (C): _____ (W): _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Child's Home Situation (check all that apply):

<input type="checkbox"/> Lives with both parents	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Parents are divorced
<input type="checkbox"/> Lives with Mother	<input type="checkbox"/> Mother has custody	<input type="checkbox"/> Mother is deceased
<input type="checkbox"/> Lives with Father	<input type="checkbox"/> Father has custody	<input type="checkbox"/> Father is deceased
<input type="checkbox"/> Lives with Grandparent	<input type="checkbox"/> Grandparent has custody	<input type="checkbox"/> Other (Please explain):

Please note that our policy is to look to the custodial adult for all decisions regarding the student.

Other Guardian: _____	Home Phone: _____ Cell: _____
Address: _____	Occupation: _____
Employer: _____	Email: _____

Siblings: _____
 Name Age Grade School

 Name Age Grade School

 Name Age Grade School

 Name Age Grade School

Others Living in the Home:

 Name Age Relationship to Student

 Name Age Relationship to Student

 Name Age Relationship to Student

Emergency Contacts (Other than parent or doctor that may act as agent of parent: must have two)

Name: _____ Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____
 Address: _____

Name: _____ Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____
 Address: _____

Other persons authorized to pick up student from school (only those listed will be authorized):

Name: _____ Name: _____
 Name: _____ Name: _____

If you want to arrange for another person to pick up your child, they must be added to this list in advance. DSS requires a copy of each person's photo id to be on file.

Current Church Name and Denomination: _____

Medical

Pediatrician: _____ Location: _____

Phone: _____ Fax: _____

Dietary Restrictions: _____

Allergies: _____

Attach doctor's diagnosis for any allergy.

Prescribed Medications: _____

Has your child been stung by a bee or wasp? ___Yes ___No If so, describe the reaction:

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the doctor or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Jubilee Academy to contact:

Pediatrician Group/Office Phone

Other medical specialists that my child uses: _____

For emergency treatment of my child, my preferred hospital is: _____

Name Address Phone

Photography/Video Release

I give consent for photographs and/or video recordings of my child to be used on the Jubilee Academy website, on the Jubilee Academy Facebook page, and/or in print advertising for the school for the purposes of fundraising, public relations, and other forms of publicity.

Date: _____ Parent/Legal Guardian Signature: _____

Please provide a copy of the latest Milestone Checklist from your pediatrician.

About your child's development -

Please describe your child's birth experience:

Please describe any illnesses (physical or mental), disease, trauma or physical disability which has affected or may affect your child's general health:

Describe your child's stage according to Developmental Milestones:

Describe your child's daily routine:

Mealtime Routine:

Where does your child eat? _____

How do they eat? _____

What do they eat? _____

How are meals prepared? _____

Does your child eat fast food or restaurant food? _____ If so, how often? _____

Sleep Routine:

Where does your child sleep at night? _____

Does your child have a regular bedtime? ___ Yes ___ No When is bedtime? _____

Parent Questionnaire

How did you hear about Jubilee Academy?

Please describe what you know about Jubilee Academy and our Christian Montessori Program.

Why are you considering Jubilee Academy for your child? _____

Does your child have any special needs or problems the school should be aware?

What is your understanding of Montessori education?

What do you think about your child participating in Bible lessons to learn the major themes of the Bible and the doctrines of the Christian faith? _____

Please describe one or both parents' relationship with God. _____

Statement of Faith

Jubilee Academy Statement of Faith:

- We believe the Bible to be the inspired and only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His blood shed, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for salvation of lost and sinful men, regeneration by the Holy Spirit is essential.
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life.
- We believe in the resurrection of both the saved and the lost, the saved to the resurrection of life and the lost to the resurrection of condemnation.
- We believe in the spiritual unity of all believers in our Lord Jesus Christ.

Jubilee Academy has a sweet spirit and family feel that must be maintained by ALL who join us – whether staff, volunteers, families or students. Our Biblical beliefs and procedures must be respected even if they are new or unfamiliar to you and your family. We expect each parent to use a Growth Mindset and be willing to accept new ideas and learn ways to benefit yourself and your child.

How willing are you to make changes in your home and/or parenting to help your child be more successful, if needed?

How willing are you to be an honest and positive influence in our Jubilee Family by building quality relationships that will be helpful in your growth and the growth of others?

What gifts and talents do you have that you can share to benefit our Jubilee Family?

Do you have a need or an interest in learning something new?

Jubilee Academy Admission Policy Agreements

1. The non-refundable \$25.00 application fee is enclosed.
2. I understand that Jubilee Academy is an independent, Christian, Montessori School and that my child will be involved in Bible-based Christian teaching, a rigorous academic curriculum, social training, and recreational programs.
3. I understand that full participation in the Parent Academy Program is required for admission.
4. When my child is ill, I understand and agree that he or she may not be accepted for attendance at school and that the policies in the Parent Handbook apply.
5. I accept full responsibility for making sure my child's tuition is paid, as agreed upon.
6. I accept the guidelines and policies of Jubilee Academy, as expressed in, but not limited to, The Student and Parent Handbook.
7. I will keep Jubilee Academy updated on any changes in my address or phone number.
8. I certify that all information contained in this application is true and complete to the best of my knowledge.

As a responsible parent, my signature signifies my acceptance of and commitment to uphold the values, beliefs and policies of Jubilee Academy.

Parent Signature

Date