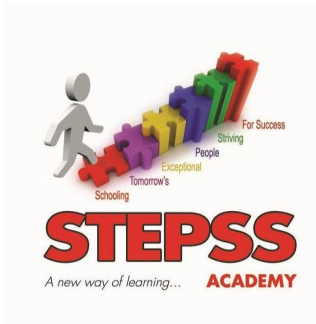


- EXTENDED HOURS  AM  PM
- Copy of S.S Card
- Birth Certificate/picture of student
- Immunization (blue)
- Physical form (yellow)
- Emergency card
- Medication release form
- Copy of your child's insurance card
- Previous School Records Release
- IEP
- Acknowledgment of Student Manual
- Discipline Policy
- Copy of Parents Driver's Licensed and Social Security
- Uniform Order Form
- Enrollment Contract Signed
- Application
- Student Reference Information from Teacher
- Administrator's Recommendation
- Registration Fee \$ \_\_\_\_\_ and Supply Fee \$ \_\_\_\_\_
- P.E. / Tae Kwon Do Uniform \$35
  - CSPEC REGISTRATION \$25.00



**CHRISTI ACADEMY EMERGENCY CARD**

Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Family Information:**

Child lives with:      Both Parents      Mother      Father      Other: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home address (include City & Zip): \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home address (include City & Zip): \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Information:**

In the event of serious illness or accidents, when I/we cannot be reached, I/we wish one of the following persons to be notified by telephone in the order listed. They are authorized to act in my absence, and will be informed that their names have been used on this card. Please do not list mother or father in the spaces below; it must be SOMEONE NEARBY who can be reached quickly.

Emergency Contact Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

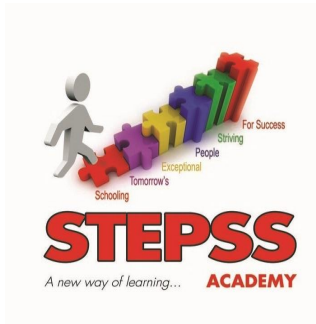
**Medicine Authorization:**

Tylenol: \_\_\_\_\_ Ibuprofen: \_\_\_\_\_ Benadryl: \_\_\_\_\_ Antacid: \_\_\_\_\_  
Cough Drop: \_\_\_\_\_ R/X Medicine: \_\_\_\_\_  
Allergies/ Other Conditions: \_\_\_\_\_  
Mother's Signature: \_\_\_\_\_  
Father's Signature: \_\_\_\_\_

**Medical Information:**

Release: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provide below serves as authorization for the school to exercise their own judgment in calling the physician indicated below, or if not available, to transport the child to a hospital emergency room.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Co. & Policy No. \_\_\_\_\_



# Application for Admission

Application Date: \_\_\_\_\_ Application For Admission to Grade: \_\_\_\_\_ In Academic Year: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_

Last First Middle

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street City

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

State Zip

## Family Information

Father:  Mr.  Dr.  Pastor

Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mother:  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Student lives with (Check all that apply):

Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Other \_\_\_\_\_

Please check any that apply:

Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated \_\_\_\_\_

Name of Step-parent:  Mr.  Mrs.  Dr.  Pastor

Name: \_\_\_\_\_

Last First Middle

Address if different than student: \_\_\_\_\_

Is either parent forbidden by court order from having equal access to the child or the school records?

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Attach a copy of court documents**

Student's present school: \_\_\_\_\_

Address: \_\_\_\_\_

Name of principal: \_\_\_\_\_

List all previous schools attended and dates of attendance:

School \_\_\_\_\_ Dates \_\_\_\_\_ Grades \_\_\_\_\_  
School \_\_\_\_\_ Dates \_\_\_\_\_ Grades \_\_\_\_\_  
School \_\_\_\_\_ Dates \_\_\_\_\_ Grades \_\_\_\_\_

Has a previous application to Christi academy been submitted for this student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what grade? \_\_\_\_\_ Date applied: \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_ Yes \_\_\_ No If so, what grade and date? \_\_\_\_\_

Has your child ever been suspended, expelled or asked to withdraw from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school and why? \_\_\_\_\_

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco products or sexual immorality? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why is your child withdrawing from his/her present school?  
\_\_\_\_\_

Is your child eligible to return to his/her present school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Extracurricular activities, award, talents, interest \_\_\_\_\_

Has your child ever been evaluated for academics, behavioral, emotional, or attention difficulties? \_\_\_ Yes \_\_\_ No

Please explain, include a copy of the evaluation IEP or any other special reports \_\_\_\_\_  
\_\_\_\_\_

Are there special circumstances that should be considered in evaluating this student? \_\_\_\_\_  
\_\_\_\_\_

Does your child take prescription medications daily? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Other information

Student's brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

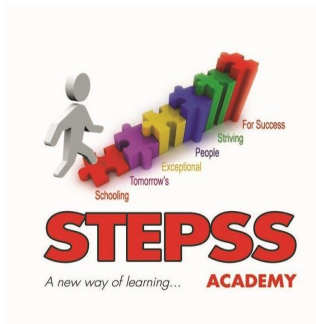
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Emergency Contact

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_



# Authorization of Release for Education Records

Student's Name \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Present or last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

I hereby authorize the release of the cumulative record file (including student's transcripts and latest grades, standardized test scores, all disciplinary records, and specialized testing results or placement in special programs including a psychology evaluation and/or IEP if applicable all health records and certification of immunization for the above named student.

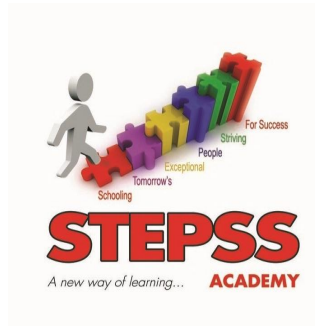
Parent Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your assistance. We would appreciate you promptly sending these records. Please mail them to:

Christi/Stepss Academy  
Admissions  
3495 N. Hiatus Rd.  
Sunrise, FL, 33351  
Fax: 954-749-6806  
Phone: 954-749-6869



## Permission and Cooperation Agreement

I pledge my full support for Christi Academy by agreeing to the following:

**Support-** the standards of Christi Academy in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, disciplinary and maintain the basic principles of Biblical morality in my home. I agree to support the school to the best of my ability through prayer, time and participation in the various school activities.

**Cooperation-** I agree to cooperate fully with the teachers and the administration of Christi Academy. I understand that Christi Academy as the right to dismiss a student who is found to be out of harmony with the gals and ideals of the work and life of Christi Academy.

**Criticism-** I will promptly address any criticism I have of the administration, staff, or policies of Christi Academy directly to the teacher, principal, administrator or board member, in that order, rather than in front of my child or among other parents in public and commit to following the Matthew 18 principals for Biblical resolution of any problems.

**Responsibilities-** I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers. I recognize my responsibility to maintain close communication with my child's teacher by attending called references, by following through with any homework, assignments or slips to be signed and by seeking the teacher's opinion when there is any question about my child's progress or behavior at school.

**Attendance-** I will support the educational program at Christi Academy by seeing that my child attends school regularly arriving on time and being picked up promptly and by sending written excuses for tardiness and absences.

**Pictures-** I understand that some students appear in school promotional pictures and videos I give permission for my child to participate if selected.

**Field Trips-** my child may participate in all Christi Academy authorized functions and field trips. Consent and Authorization: In the event my child becomes ill or injured while under school supervision I give my consent for the school authorities to take the following steps:

1. Contact a parent of the child and follow the instructions given.
2. Contact the child's physician and/or emergency medical personnel and follow instructions given.
- 3.

If in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached. I hereby authorize appoint and empower the Director or her designee, Christi Academy from any liability which might arise from the giving of such authorization it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

**Transportation-** I give my permission for my child to use authorized Christi Academy transportation including approved parental drivers for travel to and from sponsored activities.

**Hold Harmless-** in further consideration for the enrollment of my child, I, individually and on behalf of my child hereby release, indemnify and hold harmless Christi Academy and its agents and employees from any and all action and claims for personal injury or damages of any kind resulting from the transportation of Christi Academy student by myself or in vehicles owned or leased by me, or from transportation of my own child to school events and functions in vehicles neither owned or leased by Christi Academy, whether in whole or in part by the negligence of the operator of any such vehicle.

**Arbitration-** in further consideration for the enrollment of my child, I, individually and on behalf of my child, hereby agree to submit the rules to be used and procedure that will be followed and to binding Christian arbitration any matters which cannot otherwise be resolved; and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

**Fees-** I understand application and enrollment fees are non-refundable. I agree to pay all fees as contracted for services rendered and in accordance with the policies and schedules set prior to admission acceptance. All cost and fees incurred by Christi Academy to collect delinquent fees will be added to my account and are my responsibility. I understand that once the enrollment contract has been signed and the enrollment fee paid. I am responsible to pay in full all of the semester in which my child was enrolled. I am responsible to pay in full any outstanding balance even if I voluntarily withdraw my child or if my child is dismissed from the school. Records will not be forwarded to another school until all financial obligations have been satisfied. Any cost associated with collection of tuition and fees will be paid by the responsibility party.

**Changes-** I accept responsibility to notify Christi Academy of changes of residences, employment or phone numbers.

**Damage-** Campus property or personal property destroyed, damage or lost by the student will be repaired or replaced immediately by the student's family.

**Effective-** this statement is in effect until updated or for as long as my child attends Christi Academy.

**Parent Signatures**

My signature verifies I have read and accept all terms of this contract of enrollment at Christi Academy.

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Date Father's Signature

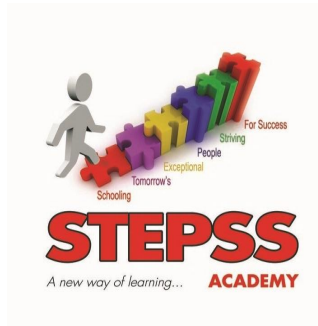
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Date Mother's Signature

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Date Student's Signature

**Christi/Stepss Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational, admission, scholarship or any other programs administered by the school.**



## Release from Liability

I, the undersigned, hereby grant my child (student's name) \_\_\_\_\_ permission to participate in any Christi/Stepss Academy sponsored field trips, athletic teams, sporting events and other school related activities during the \_\_\_\_\_ school year for which I have personally granted permission by signing a permission form for that particular event.

By my signature to this statement of permission, I hereby release and hold harmless the above named school, and the individual sponsors, including teachers, administrators, and parents from liability, mishap or injury to the student named herein from the time of departure to the time of return. I do not hold them responsible for the loss of personal items.

I understand that by enrolling my child now, I am securing a space for my child for the \_\_\_\_\_ school year. If I withdraw my child within the first 45 days of the \_\_\_\_\_ school year, I understand that I will incur a \$1000 penalty and that my child's records will not be released until this penalty is paid in full.

Child's Name \_\_\_\_\_

Child's date of birth \_\_\_\_\_ Child's SS# \_\_\_\_\_

Phone number where can be reached \_\_\_\_\_

Medical Information \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**(PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THIS FORM)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

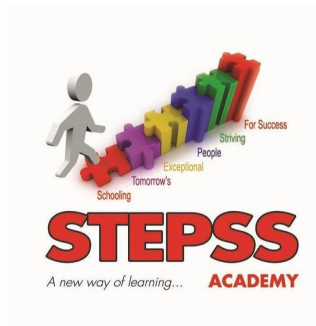
Notary Public, State of Florida

My Commission Expires \_\_\_\_\_

Personally known \_\_\_\_\_ or produced identification

Type of identification \_\_\_\_\_





# Medication Release Form

NOTE: Medication must be supplied in the original prescription container. Ask pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.

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Printed Name or Stamp of Physician

Physician's Signature

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Physician's Phone Number

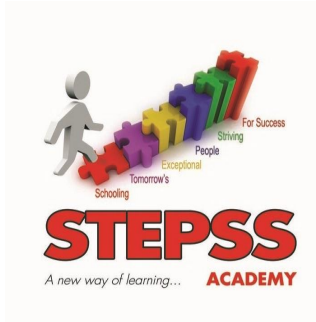
Physician's Fax Number

Parental permission (Must be completed by parent or guardian)

I grant the principal or his/her designee the permission to assist in the administration of all prescriptions, over-the-counter medication, and special procedures to be provided during the school day, including when the above named student is away from school property or on official school business.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Additional Instructions:**



## Student Reference Information

Grades K-12

**To be completed by business Office:**

If applicable, is the student/family named below current I their financial account? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Signature \_\_\_\_\_ Position \_\_\_\_\_

**To be completed by teacher:**

The student named is a candidate for admission to Christi Academy. Your evaluation of the applicant will be an invaluable tool in the admissions process. Your remarks will be kept confidential, if requested. The applicant's file cannot be completed without the return of this form.

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ What is your relationship to the student? \_\_\_\_\_

Base on your personal experience and knowledge of this student, what is your assessment of his strengths and inclinations? Please circle the appropriate response:

Academic Potential	Excellent	Good	Fair	Poor
Academic Achievement	Excellent	Good	Fair	Poor
Initiative/Motivation	Excellent	Good	Fair	Poor
Independent Work/Study Habits	Excellent	Good	Fair	Poor
Leadership Potential	Excellent	Good	Fair	Poor
Personal Integrity	Excellent	Good	Fair	Poor
Conduct and Discipline	Excellent	Good	Fair	Poor
Respect for Adults	Excellent	Good	Fair	Poor
Concern for Others	Excellent	Good	Fair	Poor
Responsibility	Excellent	Good	Fair	Poor
Recommendation as a Student	Excellent	Good	Fair	Poor

Additional Comments: \_\_\_\_\_

Are parents cooperative and supportive of the school? \_\_\_\_\_ If no explain \_\_\_\_\_

Is the student in good standing and eligible to remain in or re-enter your school? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Has any disciplinary action been taken regarding this student? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

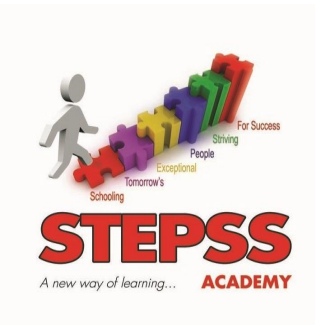
School Address \_\_\_\_\_

School Phone \_\_\_\_\_

Check one  Please keep the contents of this reference confidential  
 This reference may be discussed with parents and child

Signature \_\_\_\_\_ Position \_\_\_\_\_

Please mail or fax this form directly to: Christi / Steps Academy  
 3495 Hiatus Rd.  
 Sunrise, FL, 33351  
 Phone: 954-749-6869  
 Fax: 954-749-6806



**ADMINISTRATOR’S RECOMMENDATION**

Student’s Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 \_\_\_\_\_

To be completed by Principal/Administrator:  
 The student named is a candidate for admission to Christi Academy. Your evaluation of the applicant will be an invaluable too in the admissions process. Your remarks will be confidential. As the applicant’s file cannot be completed without the return of this form, we kindly ask you mail or fax this form as soon as possible directly to:

Christi/Stepss Academy  
 Admissions Office  
 3495 Hiatus Rd.  
 Sunrise, FL, 33351  
 Phone: 954-749-6869  
 Fax: 954-749-6806

Based on knowledge of this student, we would appreciate your observations about the areas listed. Please circle the appropriate response:

Academic Ability	Excellent	Good	Fair	Poor
Personal Integrity	Excellent	Good	Fair	Poor
Conduct and Discipline	Excellent	Good	Fair	Poor
Sense of Responsibility	Excellent	Good	Fair	Poor
Recommendation as a Student	Excellent	Good	Fair	Poor
Attendance:	Good	Satisfactory	Excessive Absences: _____	Excessive Tardiness: _____

Are parents cooperative and supportive of the school? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Is the student in good standing and eligible to remain I or re-enter your school? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Has this student ever served detention and/or ben suspended or expelled? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

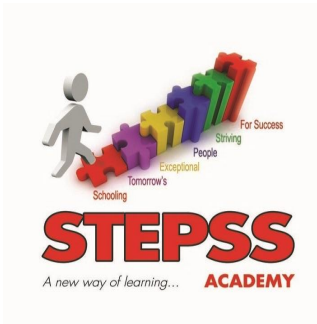
Has this student ever been evaluated or referred for evaluation for learning difficulties? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is this student on a modified curriculum? \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If there is anything you would prefer to discuss by telephone or e-mail, please check: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



I hereby give my permission to the Christi / Stepss Academy and members of its staff to take and use recordings and photographs of my child. I understand that the words “recordings and photographs” include, but are not limited to, still photographs, slides, moving pictures, sound recordings, Commercials, brochures, and/or videotapes.

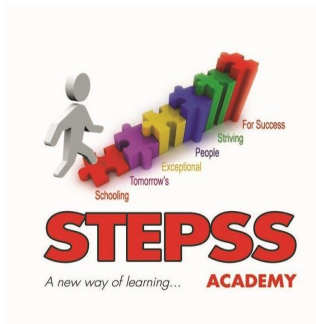
I understand that these materials will be used for educational and marketing purposes, including but not limited to, publication in professional journals and presented to audiences at conferences, workshops and seminars. These materials can also be used to inform the general public about the programs and the services offered by Christi/Stepss Academy and publicity photos to be published in newspapers, brochures, TV commercials, and magazines, both locally and nationally.

In providing this consent, I waive all claims of action which, I may have at any time against the Christi/Stepss Academy its employees and agents, relating to said photographs, slides, moving pictures, sound recordings, and/or videotapes, educational data and/or any other methods of recording or reproducing likeness of my child.

---

Parent Signature

Date



## AUTHORIZATION FOR CREDIT CARD PAYMENTS

### Credit Card Information:

**Cardholders Name:** \_\_\_\_\_

**Cardholders Address:** \_\_\_\_\_ **city/zip** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CVS** \_\_\_\_\_

**Your credit card will be charged every month by the 5th. The amount of the payment is your tuition payment of \$\_\_\_\_\_.**

**If your child is in before / aftercare we will add the aftercare charge to your tuition fee.**

**Before / aftercare charges is \$75.00 a week. Extended hours are upto 5:30pm.**

**A charge of \$5.00 a minute will be charged if you arrive after 5:35.**

**Permission to charge credit card signature:** \_\_\_\_\_

**Witness signature:** \_\_\_\_\_

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

**Notorized by:** \_\_\_\_\_

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