



# Glendale Christian Academy

14580 SW 117<sup>th</sup> Avenue † Miami, Florida 33186 † Office: 305-235-5347

*"...bring them up in the discipline and instruction of the Lord (Ephesians 6:4 NAS)."*

## Application for Enrollment

Thank you for choosing Glendale Christian Academy as your choice for a quality Christian education. Please print all information and answer all questions as accurately and completely as possible. This application is incomplete without providing all necessary signatures and forms.

### GENERAL INFORMATION

Child's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Age: \_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What Church do you attend? \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Emergency Contact Information*

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Anyone not listed will not be eligible to pick up this child. All emergency contacts must provide identification for school personnel. Please attach additional sheets if necessary.

### MEDICAL INFORMATION AND HISTORY

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*History*

Has this child had or presently have any of the following (please list the date if known):

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Flu: \_\_\_\_\_

Meningitis \_\_\_\_\_ Convulsions \_\_\_\_\_ Active Tuberculosis \_\_\_\_\_ Ear Infection(s) \_\_\_\_\_

Any other illness not covered: \_\_\_\_\_

Is there any evidence of (please put age initially detected):

hearing difficulties \_\_\_\_\_ visual difficulties \_\_\_\_\_

Speech or language difficulties/delays \_\_\_\_\_

Any educational concerns/delays detected: \_\_\_\_\_

*Information*

May Glendale Christian Academy contact another physician if we are unable to contact your primary care physician? \_\_\_\_\_

Name of Child's Primary Care Physician \_\_\_\_\_

Address of Primary Care Physician \_\_\_\_\_

Office Phone \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

*Field Trip Permission*

By Signing below you are giving permission for your child to attend all field trips throughout the year.

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

\_\_\_\_\_  
Date

*I recognize and understand that Glendale Christian Academy is a ministry of Glendale Missionary Baptist Church, having all understanding that it is not separate and apart from the church. I have read the Parent Handbook and agree to its term and the mission statement of the academy. Furthermore, I agree to abide by all rules and regulations of Glendale Christian Academy. I know and understand that this includes any financial responsibilities I have with the academy. I understand and agree to assist my child with their homework and to partner with and support their teacher in order to benefit this ministry and my child. I understand that the primary responsibility in the educational and spiritual growth and development of my child is mine; therefore, I must play an integral role in the academy and my child's education.*

\_\_\_\_\_  
Father / Guardian Name (Print)

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Guardian Name (Print)

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date

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