



**2017-2018 Application / Registration Cover Sheet**

*Please read and initial each paragraph*

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Anticipated Grade in August \_\_\_\_\_

At the time of application, it is important for parents/guardians to understand that new students to GCA are on probation for the first year. We expect students to adhere to the discipline and uniform/dress codes. Financial obligations must be up-to-date in order for students to remain in GCA. When accounts are 30 days past due, students may be placed on financial suspension. In addition, we expect parental cooperation with regard to the placement of students in a grade level, educational testing, counseling, and other programs that would benefit a student.

Each student at GCA re-registers annually. Grace Christian Academy reserves the right at any time to deny re-registration or to cancel the registration of a student for lack of cooperation on the part of that student or his/her parents or for failure to meet the expectations of the School's academic, discipline, or financial policies as listed in the Parent - Student Handbook.

Once your enrollment is accepted, your student is "reserved a place" at Grace Christian Academy. GCA cannot easily replace students once a school term has begun. Therefore, tuition is considered an annual fee and is nonrefundable and non-transferable. Emergency withdrawal and transfer requests will be referred to the administration and reviewed on a case-by-case basis. **REGISTRATION FEES ARE NON-REFUNDABLE.**

Your signature below indicates that you have read and understood these policies. Please call the GCA office if you have any questions or concerns.

**REQUIRED FOR APPLICATION**

- Application / Registration Cover Sheet
- HRS Form 3040 (school physical) provided by child's doctor
- HRS Form 680 (immunization record or exemption) provided by child's doctor
- Student Social Security Card and Birth Certificate (original or certified copy)
- Authorization for Emergency Medical Treatment
- Medicine or Treatment Authorization Form (for prescribed medications ONLY)
- Parent-School Agreement
- School Activity Consent and Release Form
- Legal Papers (if necessary)
- New Enrollees Registration Fees paid by Cash, Money Order, or Bank Check
- All Fees Paid in Full to Date
- Original Social Security Card and Original Driver's License of parent responsible for payment

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Recommended By (if applicable): \_\_\_\_\_

Date of Application: \_\_\_\_\_

**STUDENT INFORMATION** (Please Print)

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

School Year: \_\_\_\_\_



Application for Enrollment  
479 North Center Street  
Baldwin, FL 32234  
(904) 266-9532  
*A Ministry of Grace Baptist Church*

Preferred Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Present Grade/Grade Complete: \_\_\_\_\_ \*Grade Applying For: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: Male Female Ethnicity: \_\_\_\_\_ Driver License # (if of age): \_\_\_\_\_

**STUDENT BACKGROUND INFORMATION** (Please Print)

Previous school(s) attended:

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

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

Year(s) Attended: \_\_\_\_\_

Year(s) Attended: \_\_\_\_\_

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

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

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

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

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

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

Reason for leaving: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does the student display any problems for difficulties relating to eating, sleeping, fears, speech, nervous habits, temper, anger, etc.? Y / N If yes, please explain: \_\_\_\_\_

Has a school official, psychologist, psychiatrist, physician or other professional ever diagnosed the student to have a learning disability, ADD, ADHD, depression, academic or social adjustment difficulties? Y / N If yes, please explain: \_\_\_\_\_

Has the student ever been suspended, expelled or asked to withdraw from a school? Y / N

If yes, what school? \_\_\_\_\_ Please explain: \_\_\_\_\_



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Has the student ever been arrested or taken into juvenile custody? Y / N

If yes, what agency? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has the student ever been charged with a crime, even if adjudication of guilt was withheld? Y / N

If yes, please explain: \_\_\_\_\_

Has the student ever been in the custody of the Department of Children & Family ? Y / N

If yes, what state? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has the student ever skipped or repeated a grade? \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

Has the student ever been married/divorced? \_\_\_\_\_

Is your child right-handed, left-handed or ambidextrous? \_\_\_\_\_

**FAMILY SPIRITUAL INFORMATION** (Please Print)

	Student	Father	Mother
Do you have a personal relationship with Jesus Christ?	Y / N	Y / N	Y / N
Do you attend church regularly?	Y / N	Y / N	Y / N
If yes, what church? _____			

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**FAMILY INFORMATION** (Please Print)

Father/Step-Father

Mother/Step-Mother

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

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

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

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



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E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

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

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

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

Bus. Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status:      Married      Divorced

Marital Status:      Married      Divorced

Widowed      Remarried      Separated

Widowed      Remarried      Separated

**KINDERGARTEN ONLY** (Please Print)

What is your child's attitude toward starting kindergarten? \_\_\_\_\_

Does the student take a nap? YES NO Does the student take care of his or her own bathroom needs? YES NO  
If no, please explain: \_\_\_\_\_

**EMERGENCY & MEDICAL INFORMATION**

If parents are separated, with whom does the student reside?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

In an emergency when a parent cannot be reached, please contact:

Name/Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**REFERENCE INFORMATION** (Not a relative)



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Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

WE, THE PARENTS OR LEGAL GUARDIAN OF THIS STUDENT, AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE ANY CHURCHES, REFERENCES, OR SCHOOLS LISTED IN THIS APPLICATION TO GIVE YOU ANY INFORMATION (INCLUDING OPINIONS) THAT THEY MAY HAVE REGARDING CHARACTER. IN CONSIDERATION OF THE RECEIPT AND EVALUATION OF THIS APPLICATION BY GRACE CHRISTIAN ACADEMY, WE HEREBY RELEASE ANY INDIVIDUAL, CHURCH, SCHOOL, CHARITY, EMPLOYER, REFERENCE OR ANY OTHER PERSON OR ORGANIZATION, INCLUDING RECORD CUSTODIANS. BOTH COLLECTIVELY AND INDIVIDUALLY FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND OR NATURE WHICH MAY AT ANY TIME RESULT TO US, OUR HEIRS, OR FAMILY, ON ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION. WE WAIVE ANY RIGHT THAT WE MAY HAVE TO INSPECT ANY INFORMATION PROVIDED ABOUT US BY ANY PERSON OR ORGANIZATION IDENTIFIED BY US IN THIS APPLICATION.

SHOULD THIS APPLICATION BE ACCEPTED, WE AGREE TO UPHOLD AND SUPPORT THE STANDARDS AND POLICIES OF GRACE CHRISTIAN ACADEMY.

WE FURTHER STATE THAT **WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND WE SIGN THIS RELEASE AS OUR OWN FREE ACT.** THIS IS A LEGALLY BINDING AGREEMENT WHICH WE HAVE READ AND UNDERSTAND.

Father's Signature: \_\_\_\_\_

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

Mother's Signature: \_\_\_\_\_

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

(Please understand that YOU must keep the daytime, home and emergency contact numbers for parents /guardians up-to-date.)



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**School Activity Consent and Release Form**  
**Page 1**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, participating in all School activities including, but not limited to, field trips and other School sponsored trips away from School, sports and physical education activities, and school-provided transportation. I certify that my child is able to participate in these activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone numbers listed below. If I cannot be reached, I hereby authorize a staff member of Grace Baptist Church or GCA to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO AND TRANSPORTATION. In consideration for my child being permitted to enroll in GCA and to participate in School activities, I do hereby agree to hold Grace Baptist Church, GCA, and their agents, employees, and volunteers (hereinafter “the released parties”) harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with my child’s participation in School activities and any other associated activities. I further agree to hold the released parties harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to a third party or his property which may arise in the future in connection my child’s participation in School activities and any other associated activities.

I hereby grant Grace Baptist Church and Christian Academy the right to photograph and to videotape my child and to use my child’s name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I agree to hold Grace Baptist Church and its agents, volunteers, and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of its use of my child’s name, face, likeness, voice, or appearance.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as 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. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

MEDICAL CONDITIONS TO BE AWARE OF:

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**School Activity Consent and Release Form**  
**Page 2**

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY: \_\_\_\_\_

\_\_\_\_\_

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING: \_\_\_\_\_

\_\_\_\_\_

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

**This form is valid as long as your child is in attendance at Grace Christian Academy. It is the parental responsible to complete a new form for any informational updates.**



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**Medical Consent and Release Form**

***NOTE: THIS FORM MUST BE NOTARIZED***

*Page 1*

I/We, the undersigned parent(s) or guardian(s), hereby consent to my child/ward, \_\_\_\_\_ who is \_\_\_\_\_ years of age, participating in the extra-curricular activities as authorized by Grace Baptist Church/Grace Christian Academy. I understand that my child's transportation will be under the direction of the school. I understand that this consent is for extra-curricular activities. I certify that my child is able to participate in any and all extra-curricular activities. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church/school officials, I hereby authorize the church/school or sponsor, to make emergency medical decisions for my child. I agree to abide by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information, which they require. The medical authorization contained within this form shall be valid and usable by Grace Christian Academy during such periods of time as my child is enrolled in this school and this authorization shall remain valid unless revoked by me in writing.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do, for myself and for my child, heirs and assigns, hereby irrevocable and unconditionally release, acquit and forever discharge Grace Baptist Church/Grace Christian Academy and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connections with my child's participation in all extra-curricular activities or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.**

**Medical Consent and Release Form**

***NOTE: THIS FORM MUST BE NOTARIZED***

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If there are any activities that I do not want my child to be involved in, I have listed them below.

\_\_\_\_\_





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Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Instructions and Medications: \_\_\_\_\_

Date of Last Tetanus or Booster: \_\_\_\_\_

Emergency Contact Numbers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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I understand that this is a legally binding agreement.

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

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

The forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
by \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ (I.D. Type) for identification.

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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**Authorization for Emergency Medical Treatment**

***NOTE: THIS FORM MUST BE NOTARIZED***  
***Page 1***

If my child, \_\_\_\_\_, should become ill or injured at GCA, I understand that the School will:

- 1. Contact me immediately or
- 2. Contact the person(s) I have designated if I cannot be reached.

Should the School be unable to reach me and/or the person(s) designated, the School is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Mother Daytime Phone Number

\_\_\_\_\_  
Mother Evening Phone Number

\_\_\_\_\_  
Father Daytime Phone Number

\_\_\_\_\_  
Father Evening Phone Number

\_\_\_\_\_  
Other Daytime Phone Number and Relation

\_\_\_\_\_  
Other Evening Phone Number and Relation

\*\*\*\*\*  
Medical Alert Information (i.e. medicine allergies, food allergies, or any medical conditions):  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Physician:  
\_\_\_\_\_

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

Preferred Hospital:  
\_\_\_\_\_

**Confidential – Check the appropriate box**

Yes No

- Does the applicant have any significant physical impairment? Is so, what? \_\_\_\_\_
- Has the applicant been previously hospitalized? If so, for what? \_\_\_\_\_
- Has the applicant had or does the applicant have any major diseases or illness? Is so, what? \_\_\_\_\_
- Has the applicant had any operations? If so, what? \_\_\_\_\_
- Is the applicant under the care of a doctor? If so, for what reason? \_\_\_\_\_
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?  
If so, explain:  
\_\_\_\_\_



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**Authorization for Emergency Medical Treatment**

***NOTE: THIS FORM MUST BE NOTARIZED***

***Page 2***

- Has the applicant ever used illegal or dangerous drugs?
- Has the applicant ever used alcoholic beverages or tobacco?
- Has the applicant ever been expelled or suspended by any school?
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, explain: \_\_\_\_\_
- Has the applicant received any type of tutoring or therapy? If so, explain: \_\_\_\_\_

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me \_\_\_\_\_ this day \_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

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**Internet Identity**

I, \_\_\_\_\_, understand that I am to include all websites and personal web pages belonging to me. I also agree that the following websites and personal web pages will be monitored for any objectionable material by the administration of Grace Christian Academy. I understand that failure to register or any objectionable material found could result in disciplinary measures up to and including expulsion.

Electronic Source	Login Username	Password
Email		
Facebook		
Instagram		
Snapchat		

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**Request for Academic Records**

The following student is enrolled in our school. Please send an official transcript of his/her grades up to the date of withdrawal. Also, include test records, psychological reports, health data, attendance record, and any other pertinent data. Thank you for your prompt reply.

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

Social Security Number: XXX-XX-\_\_\_\_\_ Grade:\_\_\_\_\_ Date of Birth: \_\_\_\_\_

In accordance with the provisions of the Family Rights and privacy act of 1974, I do hereby give consent for ...

\_\_\_\_\_  
 Name of School Transferring From

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

\_\_\_\_\_  
 City State Zip Phone Fax

To send records to (please email if possible):

Grace Christian Academy  
 479 N. Center Street  
 Baldwin, FL 32234  
 gcaoffice@gcbaldwin.org  
 904 - 266-9532  
 FAX: 904- 266-2971

\_\_\_\_\_  
 Father/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Mother/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

\* Please note Parental permission is no longer required when records are requested by authorized school personnel (family Educational Right and Privacy Act, Final rules on Educational Records, Federal Register, June 17, 1976, vol.41, No 118Pg.24673)