



## MIRACLE EARLY LEARNING CENTER

### ADMISSIONS APPLICATION

**NOTE:** The application does not assure final enrollment but provides information upon which a decision will be based.

**STUDENT NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION.** Your registration fee must accompany this form to go on the class waiting list. If you are on the waiting list and we have no room, we will refund the fee(s). A copy of the birth certificate, social security card and immunization record must accompany this application form. Miracle Early Learning Center reserves the right to alter class selection based on final enrollment.

**A. NONDISCRIMINATION POLICY:** Miracle Early Learning Center admits students of any race, color national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basic of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.

**B. GENERAL INFORMATION:**

Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Application for Grade: \_\_\_\_\_ Previous Grade Completed: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

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

Position: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

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

Position: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

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

**Parental Marital Status:** Married \_\_ Divorced \_\_ Separated \_\_ Single \_\_ Remarried \_\_  
Widowed \_\_

**Other Children in Family:**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name of person(s) authorized to pick up student:** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

Were you ever suspended or expelled from school? \_\_\_\_\_ If Yes, Why:

\_\_\_\_\_  
\_\_\_\_\_

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**Ethnic Background:** \_\_ Spanish American \_\_ Black \_\_ Indian \_\_ Asian  
\_\_ Caucasian \_\_ Other

**C. FINANCIAL RECORD:  
COMBINED INCOME RANGE:**

\_\_\_\_\_ Less than \$15,000  
\_\_\_\_\_ \$20,000 to \$29,999

\_\_\_\_\_ \$ 15,000 to \$19,999  
\_\_\_\_\_ \$ 30,000 to \$ 39,999

Is there any reason why you not be able to make your tuition payment on time? \_\_\_\_\_

If yes, give reason: \_\_\_\_\_

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**Name and Address of Bank:** \_\_\_\_\_

**D. CHILD'S SPIRITUAL RECORDS:**

Home Church Name: \_\_\_\_\_

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

Denomination: \_\_\_\_\_

Name of Church Currently attending: \_\_\_\_\_

Senior Pastor's Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Have you accepted Jesus Christ as you personal Lord and Savior? \_\_\_\_\_ Year \_\_\_\_\_

Have you been baptized by immersion? \_\_\_\_\_ if yes, when \_\_\_\_\_

**E. PARENT QUESTIONNAIRE:** How did you find out about Miracle Early Learning Center?

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**AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)**

(One Per Student)

In case of emergency illness or accident, the child is given first-aid and the parents are notified. If the parents or the child’s doctor cannot be located, the child will be taken to the emergency room of your choice. **Anointed Word Christian Center School does not assume responsibility for the payment of hospital, doctor, or ambulance fees.**

Health Insurance with: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ policy number: \_\_\_\_\_

I/We the undersigned, are the parents(s) or legal guardian(s) of the minor listed below:

\_\_\_\_\_  
Minor’s Full Name Date of Birth

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

**AUTHORIZATION OF NON-PRESCRIPTION MEDICATION**

The staff of Anointed Word Christian Center School has my permission to administer the following, if needed, to my child:

	<b>Yes</b>	<b>Initial</b>	<b>No</b>	<b>Initial</b>
Throat Lozenges	_____	_____	_____	_____
Pepto-Bismol	_____	_____	_____	_____
Tylenol	_____	_____	_____	_____

Parental/ Guardian Signature: \_\_\_\_\_

**TO BE COMPLETED BY PARENTS/ GUARDIANS: (PLEASE PRINT)**

\_\_\_\_\_  
Student’s Last Name First Middle

\_\_\_\_\_  
Student’s Birth Date Grade Home Number

\_\_\_\_\_  
Last Name (parent/Guardian) First Middle

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Last Name (Parent/Guardian)	First	Middle
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Contact the above adult in case of an emergency	Emergency Telephone Number
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Family Physician	Office Number
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## Physical Education Waiver

It is important to know that Physical Education is required for all students by the state of Georgia. It is required for all students. Doctor notices must be present to excuse any student from participating in physical activities offered by the school (NO EXCEPTIONS). Physical Activities are held inside and outside of the school building. Therefore, students will not be allowed to sit out of class because they don't like going outside or being active. Physical Education consists of (but is not limited to): Playground Play, Dance, Karate, Self-Defense, Running, etc.

(STUDENT NAME) \_\_\_\_\_ has permission to participate in TCSAW physical education classes. It is also a waiver of injury. Guardians understand that The Christian Schools of Anointed Word is not liable for any injuries that may occur while participating in physical activities (whether on or off campus). It is understood that The Christian Schools of Anointed Word cannot be held liable for any injuries that possibly occur while safety precautions have been given and administered. TCSAW will strive to provide the safest environment possible.

I/We \_\_\_\_\_ (print name(s)) have read and understand the above waiver/consent. I/we give permission for \_\_\_\_\_ (print name) to participate in the school's physical education program. We understand that The Christian Schools of Anointed Word will not be held liable for any injuries as in mentioned in the above waiver.

\_\_\_\_\_  
(Guardian's Name)

\_\_\_\_\_  
(Date)

## **Statement of Faith**

1. We believe the bible to be the inspired, authoritative, and infallible Word of God. 1 Timothy 3: 16
2. We believe that there is one God, existent in three persons: Father, Son, and Holy Spirit. 1 John 5:4-7
3. We believe in the deity of our Lord Jesus Christ, in His Virgin Birth, His Sinless Life, In His Miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and His personal return in power and glory. 1 Corinthians 15:3; 1 Peter 2:21-24; John 3:16
4. We believe that for the salvation of the lost and sinful man, regeneration by the Holy Spirit is absolutely essential. Roman 3:21-30; Galatians 4:4-7
5. We believe the redemptive work of Christ on the cross provides healing for the body, mind and spirit in answer to believing in prayer. Isaiah 53:5; 1 Peter 2:24; James 5:14-16
6. We believe in the present ministry of the Holy Spirit who indwells in every believer and operates in all believers in the power of the gifts of the Spirit, manifesting then as He wills. John 14:16; Acts 1:5;8; 1 Corinthians 12:14; Galatians 5: 22
7. We believe that the full consummation of the Baptism of believers in the Holy Ghost is evidenced by the initial physical sign of speaking with other tongues as the Spirit gives utterance and by the subsequent manifestation of spiritual power in public testimony and service. Acts 2:4 , 10:44-46; 19:2, 6; 1:8; 2:42-43; Matthew 3:11
8. We believe in the resurrection of both the saved and the lost; they that are saved the resurrection of the life and they that are lost unto the resurrection of damnation. John 5: 24, 28,29
9. We believe in the spiritual unity of believers in our Lord Jesus Christ, and seek Community togetherness, “to become more and more in every way like Christ who is the head of His body, the Church.” Ephesians 4: 16
10. We believe in abstinence until marriage between man and women. 1 Thessalonians 4:3

**MANGEMENT STATEMENT**

Miracle Early Learning Centers in an education institution, which operates and manages as an outreach ministry of Anointed Word Christian Ministries, Inc.

Mother of Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Father of Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**Licensure Exemption Notification**

This is to inform you (the parent) that Anointed Word Christian School International and Miracle Early Learning Centers is Licensure Exempted due to us having our full accreditation and having religious/ faith based exemption.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

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

Date \_\_\_\_\_

**NOTICE TO PARENTS AND GUARDIANS:**

This facility does not carry liability insurance coverage sufficient to protect your children in the event of an injury, ect.

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

\_\_\_\_\_  
Date



**PARENT MINISTRY SURVEY**

{One Per Family}

Realizing that parents are a valuable resource to their school and knowing that they should be directly involved in their child's education, we are requesting that parents select five areas of ministry. Please number your selections from of the five with one being your first choice. If you need further details on each area, please call the school principal.

**TO BE COMPLETED BY PARENTS:**

\_\_\_\_\_  
**Father or Guardian Name**

\_\_\_\_\_  
**Mother or Guardian Name**

<b>Area of Ministry</b>	<b>Mother</b>	<b>Father</b>
1. Class Sponsor and Room Parents	_____	_____
2. Volunteer Aide	_____	_____
3. Vocational and Professional Week	_____	_____
4. Resource/ Media Center Library committee	_____	_____
5. Planning Field Trips	_____	_____
6. Chapel Presentation	_____	_____
7. Fund Raising	_____	_____
8. Historian	_____	_____
9. Booster Club	_____	_____
10. Hospitality to new school families	_____	_____
11. Making Teacher Resources Materials	_____	_____
12. Helping with AM and/or PM Supervision	_____	_____
13. Typing, filling, general office help	_____	_____
14. Presenting a parent Workshop: Topic: _____	_____	_____
15. School plays and drama	_____	_____
16. Transportation Coordinator	_____	_____
17. Car Pool	_____	_____
18. Tutoring in Subject areas: Subject: _____	_____	_____
19. Intercessory Prayer	_____	_____
20. Workday	_____	_____
21. Housekeeping/ Cleaning	_____	_____
22. Parent Newsletter	_____	_____
23. Yearbook Assistants	_____	_____
24. Help at Registration	_____	_____
25. Cafeteria Supervision	_____	_____
26. Bus Loading Supervisor	_____	_____
27. Other _____	_____	_____

**Children Attending Anointed Word**

**Name**

**Grade**

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**CHECK LIST:**

**OFFICE USE ONLY:**

1. **DATE RECEIVED** \_\_\_\_\_ **GRADE** \_\_\_\_\_
2. **AUTHORIZATION FOR EMERGENCY MED-TRT.** \_\_\_\_\_
3. **BIRTH CERTIFICATE** \_\_\_\_\_
4. **IMMUNIZATION RECORD** \_\_\_\_\_
5. **STUDENT HEALTH RECORD** \_\_\_\_\_
6. **SS# CARD** \_\_\_\_\_
7. **CLARIFICATION OF ACCOUNTES** \_\_\_\_\_
8. **PARENTS SURVEY** \_\_\_\_\_
9. **PERS. RECOM** \_\_\_\_\_
10. **ENTRANCE TEST** \_\_\_\_\_
11. **INTERVIEW** \_\_\_\_\_
12. **PARENT NOTIFIED** \_\_\_\_\_