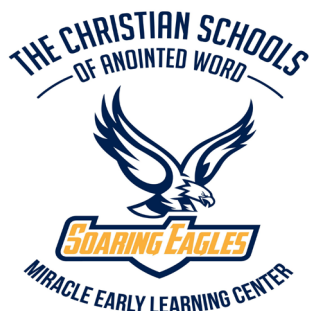


Miracle Early Learning Center

Student Name: _____ **Grade:** _____ **School Year:** _____

1. Completed Application for Student(s) _____
2. Current Immunization Record _____
3. Eye, Ear, Nose Record _____
4. Child's Social Security Card _____
5. Child's Birth Certificate _____
6. Copy of Health Insurance Card _____
7. Allergy Form _____
8. Two (2) forms of proof of residency _____
9. Official Transcript (New Students) _____
10. Report Card (New Card) _____
11. CRCT Score from of previous school (new student) _____
12. A copy of parent(s) social security card _____
13. A copy of parent(s) valid Driver's License or Passport _____
14. Special Needs Scholarship Letter (SNS Only) _____
15. Special Needs Letter of Parent Release/Awareness Contract (SN) _____



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: _____

County of Resident: _____ Social Security _____

Telephone: _____ Date of Birth: _____

Age: _____ sex: _____

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:

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 may not be able to make your tuition payment on time?
Yes _____ No _____

If yes, give a reason:

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 your 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?

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. **MIRACLE EARLY LEARNING CENTER /TCSAW 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 **MIRACLE EARLY LEARNING CENTER /THE CHRISTIAN SCHOOLS OF ANOINTED WORD** has my permission to administer the following, if needed, to my child:

	Yes	Initial	No	Initial
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

Last Name (Parent/Guardian) First Middle

Contact the above adult in case of an emergency Emergency Telephone Number

Family Physician Office Number

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 MELC/TCSAW physical education classes. It is also a waiver of injury. Guardians understand that **MIRACLE EARLY LEARNING CENTER /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 **MIRACLE EARLY LEARNING CENTER /THE CHRISTIAN SCHOOLS OF ANOINTED WORD** cannot be held liable for any injuries that possibly occur while safety precautions have been given and administered. MELC/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 **MIRACLE EARLY LEARNING CENTER /TCSAW** 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 them 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 **MIRACLE EARLY LEARNING CENTER /THE CHRISTIAN SCHOOLS OF ANOINTED WORD** 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

Area of Ministry	Mother	Father
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
THE CHRISTIAN SCHOOLS OF ANOINTED WORD**

Name

Grade

Student Check In/Out Procedure

Check In

1. Before entering building students must have on Face Mask.
2. Upon entering student must sanitize hands.
3. Opening Staff Member will take the temperature of student, and record it on "Sign In/Out" log.
4. Upon drop off parents will initial the time and temperature.

Parents/Visitors planning to remain in the building after sign in/out must have temperature checked at the door.

Check Out

1. Before Exiting the building students will have temp checked, and recorded.
2. Parents will sign acknowledge temperature and pick up time.

Parents must provide a clean Face Mask daily for their child. (Please send extra masks.)

The school will provide clean and sanitized Face Shield for student while in school. This shield will remain at the school when the student leaves for the day to be cleaned and made ready for the next day.

I understand that **MIRACLE EARLY LEARNING CENTER /THE CHRISTIAN SCHOOLS OF ANOINTED WORD** trying very hard to provide a safe, sanitized, COVID-19 free environment. I understand that sending my child to school daily is a personal choice, and that I will not hold the school liable for any ailment/sickness (fever) that my child may or may not come in contact with during school hours or school events. I will also make sure that I monitor my child's health and will not send them to school when they are not feeling well. I understand that the school holds the right to not allow my child to enter the school building or remain at school during the day if my child shows symptoms and signs of high fever, runny eyes and nose, vomiting, upset stomach, etc. I will work hard with the school's community to make MELC/TCSAW a safe and healthy environment for all students.

Student Name _____ Grade _____

Parent Signature _____ Date _____