

Dr. John A. McKinney Christian Academy

2300 Northwest 135th Street • Miami, Florida 33167
P/786.318.3818 • F/305.685.6886
www.nbbcmiami.org/JAMCA

Dr. Victor T. Curry, Founding Senior Pastor/Chancellor

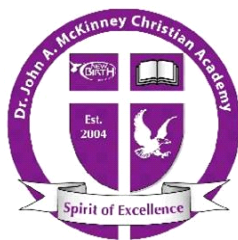
APPLICATION FOR ADMISSION 2024-2025 School Year



STUDENT REGISTRATION CHECKLIST

- Completed Application for Admission
- Copy of Applicant's Birth Certificate*
- Copy of Parent/Guardian's State Issued ID*
- Completed Medical Forms
 - ♦ DH 3040 Student Health Examination Form (yellow)
 - ♦ Completed DH 680 Florida Certificate of Immunization Form
- Transcript from previous school, if applicable*
- Registration Fee due with COMPLETED Application Packet.
- Mandatory Parent/Student Orientation Date:

***For New Students Only**



Fees are subject to change

2024-2025 FINANCIAL INFORMATION

REGISTRATION

\$300.00 Per Student

Non-Refundable & Non-Transferable:

TUITION

ANNUAL September 3	SEMI-ANNUAL September 3 & February 4	MONTHLY PAYMENTS 10 Payments beginning September 3
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GRADES

K—3th	\$6,186.00	\$3,093.00	\$618.60
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*Prices are subject to change.

** Scholarships Accepted: Step Up For Students, AAA

DISCOUNTS

3% discount if tuition is paid in full for the year by August 1st.

10% discount for Grandparents with guardianship and Military Parents.

15% discount for the child(ren) of Senior Pastors if tuition is paid in full for the year by September 1st

***Discounts cannot be combined.

LATE FEES

Payments received **after the 5th of the month** are considered delinquent and an additional charge of \$25.00 will be added to the student's account

BOOK FEES

Book Fees for the 2024-20245 School Year are \$500.00 [ALL STUDENTS].

EXTENDED SERVICES/OTHER FEES

	DAILY	WEEKLY	ANNUAL
BREAKFAST	\$3.00	\$15.00	\$540.00
LUNCH	\$4.00	\$20.00	\$720.00
AFTERCARE**	N/A	\$45.00	\$1,620.00
TECHNOLOGY FEE	N/A	N/A	\$500.00
TESTING FEE			\$75.00
BIBLE AND PLANNER			\$25.00
YEARBOOK			\$65.00
UNIFORM (PE & Field Trip)			\$90.00
Graduation & Other Fees			\$200.00

**[Note: There is a \$10.00 non-refundable application fee for the After Care Program. This fee is not included in the Tuition.]

TUITION FINANCIAL OBLIGATION

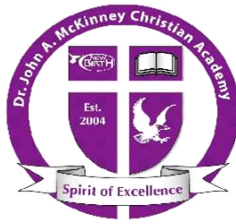
Your financial obligation is for the FULL YEAR'S TUITION. However, if you must remove your child from our school, you will be held accountable for the current month's tuition plus a **\$200.00 Withdrawal fee per student.**

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APPLICATION FOR ADMISSION

STUDENT INFORMATION			
Please check the applicant's grade level:			
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> First Grade	<input type="checkbox"/> Second Grade	
<input type="checkbox"/> Third Grade	<input type="checkbox"/>		
Last Name:	First Name:	Middle Name:	
Gender:	Date of Birth:	Present Age:	Ethnicity:
Student Address:			Apartment # (If applicable):
City:		State:	Zip Code:
Telephone Number:	Last School Attended:		Last Grade Completed:
FAMILY INFORMATION			
Mother's or Female Guardian's Name:		Father's or Male Guardian's Name:	
Address (If different from student):		Address (If different from student):	
City/State/Zip:		City/State/Zip:	
Home Phone (If different from student):		Home Phone (If different from student):	
Cellular Phone:		Cellular Phone:	
Work Phone:		Work Phone:	
Email:		Email:	
Siblings presently attending Dr. John A. McKinney Christian Academy or will be attending (please list names and grades)			
ACADEMIC INFORMATION			
Name of school last attended: _____			
Address: _____ City _____ State _____ Zip _____			
Has your child ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list grade and year grade was repeated _____			
Has student been in: <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> ESOL <input type="checkbox"/> Other: _____			
Has student been expelled or referred to an alternative program for disciplinary reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does student have an I.E.P. (Individualized Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever been tested for or enrolled in a special program (gifted, learning disabled, special needs, etc.) _____			
If yes, please give details			



ENROLLMENT AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING
2024-2025 Academic School Year

Student Name: _____ Grade Level: _____

In consideration of the acceptance of the Enrollment Agreement by the Dr. John A. McKinney Christian Academy, the undersigned agrees to pay the required fees. Tuition payments begin August 19, 2024.

I understand that my obligation is to pay tuition for the **full academic year**. However, if I must remove my child(ren) from school, I will be held accountable for the current month's payment plus a \$200.00 withdrawal-processing fee per student. **The Dr. John A. McKinney Christian Academy reserves the right to hold all records until all family-related accounts are paid in full. All family-related accounts of students in grades K-6th must be paid in full two weeks prior to promotional exercise for students to participate in activities and receive a promotion certificate to the next grade.**

I understand that if my account becomes **fifteen (15)** days past due my child(ren) may not be allowed to attend classes, and if it becomes **thirty (30)** days past due, it will be sent to collections and may have an adverse effect on my credit rating.

I understand that in signing this **Enrollment Agreement** for the 2024-2025 academic school year, I am agreeing to accept the rules and regulations of the **Dr. John A. McKinney Christian Academy** as stated in the current handbook and referred to above.

I understand that enrollment as specified within this Agreement, may be **formally canceled (in writing) without penalty, with the exception of the registration fee, prior to August 15. If my registered student is not formally withdrawn (in writing) by September 1, I will be responsible for the September tuition and a \$200.00 withdrawal processing fee.**

Name: _____ Date: _____
Signature of Person Responsible for Student's Account

OFFICE USE ONLY

Accepted by Dr. John A. McKinney Christian Academy

Administrator: _____ Date: _____
Signature/Title



MEDIA RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING
2024-2025 Academic School Year

I understand that the Dr. John A. McKinney Christian Academy's website, www.jamchristianacademy.org and webpage at www.nbbcmiami.org/JAMCA is used to promote the school and give information about its programs, academics and other activities.

I also understand that at times a student's picture and/or name may be used on the site as well as in the promotion brochures usually to promote an event or activity (personal information, such as address or age are not used).

In addition, my child may be photographed or filmed at various school-sponsored events. With my consent, the photograph or video may be reproduced and released for use by the media (i.e. newspapers, brochures, videos, television and advertisement, etc.).

I, therefore, grant permission to place my child on the website and in the above mentioned media advertisements without financial remuneration, and hereby release the New Birth Baptist Church Cathedral of Faith International and its ministries from any claims present or future, as well as from liability arising from the use of any pictures or names..

Please check the appropriate box:

- Permission granted Permission **NOT** granted

Date: _____

Child's Name: _____

Guardian/Parent's Name: _____

Signature of Parent/Guardian: _____



2024-2025

EMERGENCY CONTACT INFORMATION

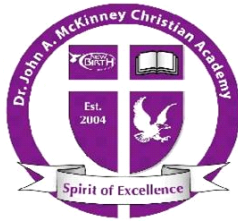
STUDENT INFORMATION		
Last Name	First Name	Middle Name
Gender	Ethnicity	Date of Birth
Student Address		Apartment # (If applicable)
City	State	Zip
Telephone Number	Grade Level	Teacher

FAMILY INFORMATION	
Mother's or Female Guardian's Name	Father or Male Guardian's Name
Cellular Phone	Cellular Phone
Employer	Employer
Work Phone	Work Phone
Mother's Email:	Father's Email:

EMERGENCY CONTACT INFORMATION		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name of Doctor	Address	Telephone Number
Hospital Preference	Insurance Company	Insurance Policy Number
Medical Condition	Allergies	

PARENTAL CONSENT FOR MEDICAL TREATMENT	
<p>Occasionally, an accident or extreme illness of a student makes it necessary for school personnel to contract the parent/guardian for consent to administer emergency medical attention. By signing below, you are authorizing the school personnel to administer First Aid on your child as recommended by the Dade County Health Department. Should your child need emergency medical attention, these expenses are the responsibility of the parent/guardian of the child. In the event a parent/guardian cannot be contracted, signing below also gives school personnel the authority to secure appropriate medical treatment. Furthermore, I will not hold school personnel, Dr. John A. McKinney Christian Academy, and the New Birth Baptist Church Cathedral of Faith International liable for any injuries that may develop as a result of the delivery of First Aid and/or the decision to secure appropriate medical treatment for the child the question.</p>	
Parent/Guardian Signature	Date
Individuals Authorized to Pick-up Student	Individuals Unauthorized to Pick-up Student

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UNIFORM INFORMATION

Uniform tops include purple, gold or white polo shirts for both boys and girls, khaki or black bottoms (shorts, long pants, etc.) and all white or all black sneakers.



For Chapel, the girls uniform include khaki skirt or dress with a white top, khaki ascot, Skin tone hosiery or white socks and black dress shoes.



For Chapel, the boys uniform include khaki or black pants with a belt, white oxford shirt, khaki tie, black socks, and black dress shoes.



Uniforms can be purchased from any location. The JAMCA embroidered logo is available for a nominal fee. For more information please call 786.318.3818

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Amount Received \$ _____

Notes: _____

Please check the documents received below:

- Returning Student New Student
- Completed Application for Admission
- Copy of Applicant's Birth Certificate **(New Student)**
- Copy of Parent/Guardian's State Issued ID **(New Student)**
- Copies of Parent/Guardian and Applicant's Social Security Cards **(New Student)**
- Medical Forms
 - ♦ DH 3040 Student Health Examination Form (yellow)
 - ♦ Completed DH 680 Florida Certificate of Immunization Form
- Transcript from previous school, if applicable **(New Student)**
- Registration Fee due with COMPLETED Application Packet.
- Mandatory Parent/Student Orientation with

Registrar: _____ /Date: _____

Fiscal Clerk: _____ /Date: _____

