



Orlando Junior Academy Early Childhood Program

A Christian School Based Pre-Kindergarten Program for 4
Year Olds

Enrollment Packet

30 East Evans Street, Orlando, Florida 32804
407.898.1251 www.oja-sda.com

[Enrollment Checklist](#)

- Student and Parent Information _____
- *State of Florida Blue Immunization Form (DH 680) _____
- *State of Florida Yellow Physical Form (DH 3040) _____
- *Copy of Birth Certificate _____
- *Copy of Parent Driver's License _____
- *Proof of Residence _____
- *VPK Application (children turning 4 on or before Sept. 1 of current school year) _____
- Medical Consent Form _____
- Video/Photograph Consent Form _____
- Tuition and Fee Information (See Business Manager for Financial Contract) _____
- * Items required to qualify for VPK

Return the completed application to the office along with a \$50 non-refundable deposit to reserve space for your child.
(There is no deposit required for VPK ONLY)

Orlando Junior Academy is a Seventh - day Adventist school that admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its educational policies, admissions policies, athletic programs or other school-administered or school-sanctioned programs or activities.

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Orlando Junior Academy Early Childhood Program Enrollment Application



Student Information

Applying for Pre-K4 _____ VPK Only _____ School Year ____/____ Today's date _____

Student's Full Name _____ Preferred Name _____
Last First Middle

Date of Birth _____ Age _____ Place of Birth _____ Gender _____

Social Security # _____ Ethnic Origin _____ Citizenship _____

Will your child be a full time student? _____ Part time, which option? _____

If **part time** please detail below (Note: There are a limited number of part time VPK positions available on a first come first served basis per school year)

Parent/Guardian Information

Student lives with (circle all that apply):

Father _____ Mother _____
Stepfather _____ Stepmother _____
Other _____ Other _____

Circle all that apply:

Father is deceased _____ Mother is deceased _____
Parents divorced _____ Parents separated _____
Father has custody _____ Mother has custody _____
Joint custody _____

Student's Primary Residence

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Please Circle: Father _____ Stepmother _____
Grandfather _____ Guardian _____

Please Circle: Dr. _____ Rev. _____ Mr. _____

Please Circle: Mother _____ Stepmother _____
Grandmother _____ Guardian _____

Please Circle: Dr. _____ Mrs. _____ Ms. _____

Full Name _____

Full Name _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Student's Secondary Residence If Applicable

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Please Circle: Father Stepmother
Grandfather Guardian
Please Circle: Dr. Rev. Mr. Please Circle: Mother Stepmother
Grandmother Guardian
Please Circle: Dr. Mrs. Ms.

Full Name _____

Full Name _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Grandparent Information (for Grandparents Day Celebration)

Paternal

Full Name _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Email _____

Full Name _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Email _____

Maternal

Full Name _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Email _____

Full Name _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Email _____

Sibling Information

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Education Information

Please list day cares previously attended by this student, starting with the most recent:

School _____ How long? _____ Reason for leaving _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

School _____ How long? _____ Reason for leaving _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

School _____ How long? _____ Reason for leaving _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

Church Affiliation

Church Name _____ Denomination _____

Street Address _____

City _____ State _____ Zip _____

We are not affiliated with any church _____

Other Information

Who or what led you to Early Childhood Program at Orlando Junior Academy? _____

Why do you desire your student to attend the Early Childhood Program at Orlando Junior Academy? _____

What expectations do you have of our school? _____

Orlando Junior Academy periodically uses photographs of our students for positive promotional materials in print and on our website. Please sign here if you would like to give us permission to use your child's photograph, pending his/her acceptance. (This signature or lack thereof would last for the duration of your child's enrollment, unless you tell us otherwise.)

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Persons Authorized to Pick Up Your Child

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Orlando Junior Academy Early Childhood Program Consent Form

Medical Consent

In an emergency situation where all efforts to contact me have failed, I hereby authorize an adult representative from Orlando Junior Academy to consent to emergency medical and /or hospital care as deemed necessary for my child_____. I understand OJA ECP insurance will
(Child's full legal name)
cover medical expenses up to \$500. I am aware that my insurance will be responsible for any remaining costs.

Parent / Guardian Signature

Date

Medication Consent

Tylenol I hereby give permission for the office staff at OJA to give my child Tylenol as directed on the container for complaints of minor aches and pains. I understand
___Yes should a fever or severe pain be present I will be notified prior to any treatment.
___No

Medical Info It is imperative that the staff at OJA be aware of any potential life-threatening illness that your child may have. Please complete the following:

Asthma	_____ Yes	_____ No	If yes, we must have an inhaler in the classroom.
Diabetes	_____ Yes	_____ No	_____
Allergies	_____ Yes	_____ No	_____
Other	_____ Yes	_____ No	_____

I understand that medication will be dispensed only with written consent by the parent.

Parent signature

Date

Field Trip/Transportation Consent

I hereby give permission for my child to go on school-sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

Emergency Contact

Please list a local contact in the event of an emergency when parent / guardian cannot be contacted:

Name _____ Relationship _____

Cell phone _____ Work Phone _____ Home Phone _____

Physician Name _____ Physician Phone _____