

# JESUS AND ME ACADEMY

*Fostering Well Rounded Individual by Educating Hearts and Minds*

311 E Main St. Humble TX 77338

(713) 249 - 9625 • [jesusandmeacademy.com](http://jesusandmeacademy.com)

Grade \_\_\_\_\_

**NOTE:** This application will provide information needed to determine if a student would be accepted. A *non-refundable registration fee must accompany this application* . The enclosed registration fee is necessary for the student to be considered for enrollment. A *copy of the birth certificate (1st) and immunization records must accompany this application* . ( Since records are filed separately, an application is needed for each student.)

**A. NONDISCRIMINATION POLICY :** Jesus and Me Academy does not discriminate on the basis of race, color, ethnic background or national origin in its admission or educational policies.

**B. GENERAL RECORD** ( Check One) ☐ New Student ☐ Returning Student

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

**Parent or Legal Guardian (Primary contact):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary Contact # \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Work # \_\_\_\_-\_\_\_\_-\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary Contact # \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Work # \_\_\_\_-\_\_\_\_-\_\_\_\_

Child Resides With: \_\_\_\_ Mother/ Father \_\_\_\_ Mother only \_\_\_\_ Father only \_\_\_\_ Father/  
Stepmother \_\_\_\_ Mother/ Stepfather \_\_\_\_ Grandparents/ Guardian \_\_\_\_ other

**NOTE:** You must inform the school office when ANY information changes!

**OFFICE USE ONLY**

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee Paid \_\_\_\_\_

Student Use Fee Paid \_\_\_\_\_ Book Fee Paid \_\_\_\_\_

**JESUS AND ME ACADEMY**  
**Student Emergency Medical Authorization Form**

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Residential Parent or Guardian**

Mother's Name: \_\_\_\_\_

DayTime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Name: \_\_\_\_\_

DayTime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Emergency Contacts**

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

DayTime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

DayTime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Medical Information:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Please complete Part I or II**

**Part I: To Grant Consent**

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Hospital/Emergency Room Phone Number: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist, and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

**Part II: Refusal to Consent**

**I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school administration to take the following actions:** \_\_\_\_\_

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

## Sibling /Authorized Pick up / Emergency Contact Information

Names of other school age children in family	Age	Grade	School
Names of persons authorized to pick up student	Relationship		Phone #
Emergency Contact Name:	Phone #	Cell #	
<p>Has the applicant ever received tesng or services for a learning disability? If yes,explain. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>The school nurse may, on occasion, if deemed necessary, administer (Check Choices) _____Ibuprofen _____Acetaminophen _____Pepto-Bismol _____Cough Drops _____<b>No Medication!</b></p> <p><b>Additional Medical Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

## Jesus and Me Academy

At Jesus and Me Academy, we know the value and importance of family. We want you to know that those who are important to you, are also important to us. Because we want to get to know your family better, please share the following information.

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

Parents Names: \_\_\_\_\_

Maternal Grandparents Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Paternal Grandparents Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Aunts & Uncles 1. \_\_\_\_\_

2. \_\_\_\_\_

Other family 1. \_\_\_\_\_

2. \_\_\_\_\_

### Statement of Faith

- We believe the Bible is the inspired and only infallible and authoritative written Word of God.
- We believe there is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.
- We believe in the deity of our Lord Jesus Christ; in His virgin birth; in His sinless life; in His miracles; in His vicarious and atoning death; in His bodily resurrection; in His ascension to the right hand of the Father; in His personal future return to this earth in power and glory to rule for a thousand years.
- We believe the only means of being cleansed from sin is through repentance and faith in the precious blood of Jesus Christ.
- We believe regeneration by the Holy Spirit is absolutely essential for personal salvation.
- We believe the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
- We believe the baptism of the Holy Spirit, according to Acts 2:4, is given to believers who ask for it.
- We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
- We believe in the resurrection of both the saved and the lost: the one to everlasting life and the other to everlasting damnation.

### Affirmation

I/We hereby believe that all of the information contained in this application is true and accurate to the best of my knowledge. I/We understand that providing any false information would be sufficient cause for rejection of this application, or the rejection of my child once accepted as a student. I/We hereby affirm that I/We agree with the Statement of Faith and have read and agree with the Honor Code.

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Signature of Parent or Guardian

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Date

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Signature of Parent or Guardian

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Date

## ***Jesus and Me Academy***

### ***Financial Agreement***

The mission of Jesus and Me Academy (J.A.M.) is to help each student become as much like Jesus Christ as possible as well as create Christian leaders who will be able to be either a part of the five-fold ministry or able to function as professionals in various other fields to help carry out the "Great commission."

Our goal is to partner with your family in providing a quality Christian education for your student(s). The monies needed to provide a quality education are available through tuition, fees and fundraisers. Therefore, all monies agreed upon by both parties are required to fulfill the school's mission and goals.

Please carefully read through the following document. A signature at the bottom indicates an agreement with all information included within the document including an agreement of payment of tuition and fees on me.

I/We understand the following:

1. Registration and Student Usage Fees are non-refundable.
2. Tuition is an annual fee. When a family registers at J.A.M., you are making a commitment to send and financially support the school for one academic year.
3. Payments are expected by the 1st or the 15th of the month unless other arrangements have been agreed upon by both parties. A late payment of \$20 may be charged for any payment received after its due date.
4. My family's account must be current for report cards to be released, transcripts to be issued. School records will be forwarded to another school when a family's account is current.
5. Students whose accounts are current will be permitted to participate in special activities requiring additional expense.
6. I am required to pay J.A.M. a \$20 fee if an insufficient funds check is received in addition to any fees the bank may charge.
7. Once my child is registered at J.A.M., the school begins making budget decisions and purchases based upon a full school year's attendance. Therefore, I understand that all fees are non-refundable and early withdrawal will result in the loss of scholarships or discounts.
8. I need to communicate with the school if my financial status changes and my commitment will no longer be able to be fulfilled.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_