



CALHOUN CITY SCHOOLS
JUNIOR JACKET ACADEMY-
STUDENT REGISTRATION INFORMATION
2019-2020

(Return completed application and \$50 registration fee to Central Office as soon as possible to secure your child's spot for the 2019-2020 school year)**

Completing all steps in the registration process and providing required documentation will assist us in enrolling your child in a timely manner. Please note: All required documents must be included in order to submit the enrollment packet. The fee structure is included payable the first day of the month or ½ on the first and the remaining ½ on the 15th*. (Additional morning and afternoon K.E.E.P fees of \$10 per day will apply if this service is needed.) A \$50.00 registration fee is needed to guarantee the child's spot.

Listed below are the items required to complete the Enrollment Process:

- **Completed Enrollment Form**

Calhoun City Schools in its enrollment procedures, requirements and processes does not discriminate based on race, color, national origin or immigration status.

- **Birth Certificate for the child (will need copy of original)**

- **Custody Documentation (if applicable)**

If applicable, a parent must provide satisfactory documentation of a relationship with the student to be registered. Examples of satisfactory documentation include the following:

*Divorce Decree

*Adoptive parent – official adoption decree

*Guardian – original official guardianship decree

*Foster parent – official foster parent letter

- **Student's Social Security Card (will need copy)**

- **Certificate of Immunizations – Form 3231**

This form must have a future date of expiration (it must be current)

- **2 Self-Addressed, Stamped Envelopes** (for notifications to you)

***Tuition is due in full on the first school day of the month or ½ on the first day of the month and ½ the 15th day of the month. (If the first and fifteenth are not school days, tuition will be due the first school day after the 1st and 15th of the month). A due date schedule will be prepared for you by orientation date. A \$30 late fee will be applied if tuition is not paid on due dates.**

****Applications will be accepted on a first come basis.**



CALHOUN CITY SCHOOLS
JUNIOR JACKET ACADEMY APPLICATION
Multi-age Class (2-4 yr olds)
2019-2020
(ACADEMIA JUNIOR CHAQUETA APLICACIÓN)

STUDENT INFORMATION):
(INFORMACIÓN DEL ESTUDIANTE)

Last Name: _____ First Name: _____ Middle Name: _____ Age _____
(Apellido Paterno) (Primer nombre) (Segundo nombre) (Edad)

Name Child is Called: _____ Gender (M / F): _____
(Apodo del niño/a) (Sexo)

Date of Birth: _____ COUNTRY of Birth: _____ Soc. Security Number: _____
(Fecha de nacimiento: mes-día-año) (PAIS de nacimiento) (No. de Seguro Social)

Is Your Child Hispanic/Latino? Yes _____ or No _____
(Es tu niño Hispano/Latino?) (Si) (No)

Child's Race (check ALL that apply): American Indian _____ Asian _____ White _____
(Raza del niño-marque todas las que apliquen) (Indio Americano) (Asiático) (Blanco)
Black/African American _____ Native Hawaiian or Other Islander _____
(Negros o afroamericanos) (Nativo hawaiano u otro isleño)

Child's Spoken Language: _____ Home Phone #: _____
(Idioma que el niño habla) (# de teléfono residencial)

Child's Home Address (street): _____ City: _____ State: _____ Zip: _____
(Domicilio—nombre de la calle) (Ciudad) (Estado) (Código postal)

Mailing Address (if different) _____ City: _____ State: _____ Zip: _____
(Dirección de su correspondencia—si es diferente al domicilio) (Ciudad) (Estado) (Código postal)

Child's Home Address is in: City Limits of Calhoun: _____ Gordon County: _____ Other: _____
(El domicilio del niño está dentro de) (Limite de la ciudad de Calhoun) (Condado de Gordon) (Otro)

PARENT/GUARDIAN INFORMATION:

(Información de los padres/tutores)

Child lives with *(El niño vive con)*:

Both parents: _____ Mother: _____ Father: _____ Guardian (Please Identify): _____
(Ambos padres) (Madre) (Padre) (Guardian—por favor identifíquese)

Mother's Name: _____ Employer: _____ Work Phone #: _____
(Nombre de la madre) (Lugar de Trabajo) (# de tel. del trabajo)

Mother's Address (if different): _____ City: _____ State: _____ Zip: _____
(Domicilio de la madre—si es diferente) (Ciudad) (Estado) (Código postal)

Mother's Cell Phone #: _____ e-mail address: _____
(Teléfono celular de la madre) (dirección electrónica de la madre)

Mother is able to communicate in English: Yes _____ No _____
(La madre puede comunicarse en inglés) (Sí) (No)

Father's Name: _____ Employer: _____ Work Phone# _____
(Nombre del padre) (Lugar de trabajo) (Tel. del trabajo)

Father's Address (if different): _____ City _____ State _____ Zip _____
(Domicilio del padre si es diferente) (Ciudad) (Estado) (Código postal)

Father's Cell Phone #: _____ e-mail address: _____
(Tel. celular del padre) (Dirección electrónica del padre)

Father is able to communicate in English: Yes _____ No _____
(El padre puede comunicarse en inglés) (Sí) (No)

Guardian (if applicable): Name _____ Employer _____ Work Phone# _____
(El guardian) (Nombre) (Lugar de trabajo) (Tel. del trabajo)

Guardian's Address (if different): _____ City: _____ State: _____ Zip: _____
(Domicilio del guardian—si es diferente) (Ciudad) (Estado) (Código postal)

Guardian's Cell Phone #: _____ e-mail address: _____
(Tel. celular del guardian) (Dirección electrónica del guardian)

Guardian is able to communicate in English: Yes _____ No _____
(El guardian puede comunicarse en inglés) (Sí) (No)

Please note any special custodial arrangements or concerns:

(Por favor, escriba cualquier medida—arreglo—de custodia especial o alguna preocupación)

SIBLINGS:

(Hermanos)

Please list the names and ages of all other children living in the home with this child:

(Por favor, escriba los nombres y edades de todos los niños que viven en el hogar con este niño)

| <u>Name</u> (Nombre) | <u>Age</u> (Edad) | <u>Grade</u> (Grado escolar) | <u>School</u> (Escuela) |
|-------------------------|----------------------|---------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACTS:

(Contactos de emergencia)

Please list several people who may be contacted to pick up your child in case of illness or injury if we are unable to contact parent/guardian:

(Por favor, escriba los nombres de las personas que podemos contactar para que recogan a su niño en caso de alguna enfermedad o lesion si es que no podemos contactar al padre/guardian)

| <u>Name</u> (Nombre) | <u>Address</u> (Domicilio) | <u>Phone#</u> (No. de tel.) | <u>Relationship to Child</u> (Relación con el niño) | <u>Can Pick Up Child</u> (Puede recoger niño) |
|-------------------------|-------------------------------|--------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |

If parents do not speak English, please list an English speaking interpreter that we can notify if we need to contact you regarding your child:

(Si los padres no hablan inglés, por favor escriba el nombre de un intérprete al que podamos notificar en caso que necesitemos contactar a los padres sobre su hijo/a)

| <u>Name</u> (Nombre) | <u>Address</u> (Domicilio) | <u>Phone #</u> (# de tel.) |
|-------------------------|-------------------------------|-------------------------------|
| | | |
| | | |
| | | |

HEALTH/MEDICAL:

(Salud/Médico)

Please list any special medical condition/instructions that your child’s teacher will need to be made aware of (ex: allergies, asthma, diabetes, etc.)*

(Por favor escriba cualquier condición especial/instrucciones que la maestra de su hijo/a necesite saber (ejemplo: alergias, asma, diabetes, etc.)*)

*Please note that you will be asked to supply a doctor’s note if we need to make changes in your child’s regular school diet or schedule.

(*Por favor, tenga en cuenta que se le pedirá proveernos con un certificado/diagnosis medico si tenemos que hacer cambios en la dieta/agenda regular de su hijo/a.)

Is or has your child received any of the following services:

(¿O su hijo recibió alguno de los siguientes servicios?)

| | | | |
|---|--------------------------|-------------------------|--|
| Babies Can’t Wait (BCW) <i>(Los bebés no pueden esperar (BCW))</i> | Yes _____ <i>(Si)</i> | No _____ <i>(No)</i> | |
| Private Speech Services <i>(Servicios de voz privado)</i> | Yes _____ <i>(Si)</i> | No _____ <i>(No)</i> | |
| Other Medical/Special Services <i>(Otros médicos/Servicios especiales)</i> | Yes _____ <i>(Si)</i> | No _____ <i>(No)</i> | (Please specify) _____ <i>(Por favor, especifique)</i> |

| | |
|---|--------------------------------------|
| Name of Child’s Physician: _____ <i>(Nombre del medico de su hijo/a)</i> | Phone #: _____ <i>(# de tel.)</i> |
|---|--------------------------------------|

| | | |
|---|--------------------------|-------------------------|
| Is your child potty trained? <i>¿Está tu niño entrenado para ir al baño?</i> | Yes _____ <i>(Si)</i> | No _____ <i>(No)</i> |
|---|--------------------------|-------------------------|

Is there anything that you would like to share about your child that might help his/her teacher to provide the best learning environment? (Ex: My child is very shy; My child especially loves music, etc.)

(Hay algo que le gustaría compartir acerca de su hijo/a que le pueda ayudar a su maestra a proveerle un ambiente de aprendizaje mejor? Ejemplo: Mi hijo/a es muy tímido/a; A mi hijo/a le encanta la música; etc.)

Please list any daycare or pre-school your child has previously attended:

(Por favor, escriba el nombre de la guardería o escuela Pre-Kinder a la que su hijo/a haya asistido previamente)

WILL YOUR CHILD NEED BEFORE OR AFTER SCHOOL CARE (BEFORE 7:30 OR AFTER 2:30)?

YES _____ **OR** **NO** _____

(¿CUIDARÁ SU NECESIDAD DE NIÑO ANTES O DESPUÉS DE LA ESCUELA (ANTES DE 8:00 O DESPUÉS DE 2:30)? Sí _____ o no _____)

PLEASE SIGN:

(POR FAVOR FIRME)

I agree to comply with all Junior Jacket Academy guidelines established by the Calhoun City School System. I understand this is a tuition based program.

(Me comprometo a cumplir con todas las pautas de la Academia de chaqueta Junior establecidas por el Sistema Escolar de la Ciudad de Calhoun. Entiendo que este es un programa basado en la matrícula.)

| | |
|---|--------------------|
| Parent/Guardian Signature: _____ | Date: _____ |
| (Firma del Padre/Guardian): | (Fecha): |

JUNIOR JACKET TUITION INFORMATION

2 yr olds: \$130/weekly

3 yr olds: \$120/weekly

4 yr olds: \$110/weekly

Junior Jacket tuition is due on the first day of the month (and the 15th day of the month if you are paying bi-monthly). If these days fall on a weekend or holiday, payment should be made the next school day. If payment is not received on these dates, a \$30 late fee will be assessed and due on the date the tuition is paid. If you are paying on line, \$30 cash or check will need to be sent to cover the late fee.

Tuition is not charged for holidays or breaks. Tuition is calculated for the same amount each month based on the schedule; this is to simplify the process rather than having a different amount of tuition each month.

TUITION PAYMENTS/CONSEQUENCES OF LATE PAYMENT, NON-PAYMENT, AND RETURNED CHECKS:

- If the monthly payment is not received on or before the 1st day of each month, the payment will be considered delinquent and a \$30 fee will be assessed for late payment. If the parent/guardian of the student has not made contact with Kelly Fuquea at 706-602-6841 (fuqueak@calhounschoools.org) concerning the matter, Calhoun City Schools will begin the process of immediate termination of the student's enrollment in the Junior Jacket Academy.
- If the bi-monthly payments are not received on or before the 1st and 15th of each month, the payment will be considered delinquent and a \$30 fee will be assessed; if the parent/guardian of the student has not made contact with Kelly Fuquea at 706-602-6841(fuqueak@calhounschoools.org) concerning the matter, Calhoun City Schools will begin the process of immediate termination of the student's enrollment in the Junior Jacket Academy.
- Tuition payments are required to continue should a long term absence occur due to illness, surgery, or other reason. If the parent/guardian does not want to continue to pay tuition, the child should be withdrawn from the program in order for Calhoun City Schools to place a new student in their slot.
- If a check is returned due to insufficient funds, payment can only be made to Checkredi (the company Calhoun City uses for collection purposes). Only a certified/cashier's check, cash, or money order will be accepted for repayment and for any and all future payments. Additionally, Checkredi will assess a fee which will be applied to your child's tuition account plus the \$25 late payment fee.
- A returned check will be treated as non-payment of tuition and will result in termination of the student's enrollment if the tuition and fees are not paid within 24 hours of notification to the parent/guardian.
- Calhoun City Schools will not hold post-dated checks for any reason. Checks will be deposited within 24 hours of receipt.
- Student records will not be released to a parent/guardian if tuition is not current.
- Legal measures to collect past due tuition will be exercised to the full extent of the law by means of a collection agency or attorney, and will be reported to the credit bureau.

More information will be provided and documents will be signed at orientation.



Race and Ethnicity Identification Form

Please fill out the information below in compliance with U.S. Department of Education guidelines for racial and ethnic reporting. If a student or parent does not self-report the child's race and ethnicity information, the school must make a determination based on observation.

Student: _____ Gender: M or F Date of Birth: ____/____/____
 Last First Middle

Part 1: Ethnicity Designation

Read the definition below and choose the response that indicates this student's heritage.

Hispanic or Latino refers to persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ Yes, my child is Hispanic or Latino. _____ No, my child is not Hispanic or Latino.

Part 2: Race Designation

Read the descriptions below and select at least one race, regardless of ethnicity designation. More than one response can be selected.

_____ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North or South American (including Central America), and who maintains a tribal affiliation or community attachment.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American:** A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I verify that the information on this form is accurate.

Signature of Parent/Legal Guardian _____ Date _____

Calhoun City Schools, in its enrollment procedures, requirements and process does not and will not discriminate based on race, color, national origin, or immigration status.