



**SHEPHERD OF GOD  
CHRISTIAN ACADEMY**

**(786) 339-8503**

**824 W PALM DR,  
FLORIDA CITY, FL 33034**

**ADMISSIONS.SOGCA@GMAIL.COM**

# REQUIRED DOCUMENTATION CHECKLIST

DATE FILED

/   /

## PERSONAL INFORMATION

Full Name :

Grade Level:

## CHECKLIST:

- Application Packet
- Current Physical
- Current Shot Record
- Student Birth Certificate
- Copy of Parents Identification
- Emergency Authorization Contact Card
- Last School Attended
- Transcripts and Report Card(s)
- Withdrawal and Transfer Form
- Individual Education Plan (IEP), (504 Plan)
- Photo Release Waiver Form

SCHOLARSHIP TYPE:



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# ENROLLMENT APPLICATION

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## GENERAL INFORMATION:

Child's Name: \_\_\_\_\_  
(Last) (First) (M)

Grade to Enter: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Social Security # : \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Required Medicines: \_\_\_\_\_

## HOME INFORMATION: PRIMARY RESIDENCE (Where student lives)

First Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Second Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_



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**FAMILY INFORMATION:**

What is the marital status of your family?

Parents are: \_\_\_\_\_ Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ One Parent Deceased \_\_\_\_\_

Student living with a natural parent and one stepparent \_\_\_\_\_

If the student is not living with at least one natural parent, with whom is he/she living (grandparent, guardian, etc.)? \_\_\_\_\_

If Parents are divorced or separated, who has custody of the student? \_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_

Who will be responsible for the payment of school fees and tuition? \_\_\_\_\_

If there are other children in your family, please complete the following:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**SPIRITUAL INFORMATION:**

Is your child or family a member of a local church? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Name of Church)

\_\_\_\_\_  
(Denomination)

What is the frequency of the parent's church attendance?

\_\_\_\_\_ Weekly \_\_\_\_\_ Frequently \_\_\_\_\_ Infrequently

What is the frequency of the student's church attendance?

\_\_\_\_\_ Weekly \_\_\_\_\_ Frequently \_\_\_\_\_ Infrequently

**ACADEMIC HISTORY: Please list schools previously attended:**

\_\_\_\_\_  
\_\_\_\_\_

Has the student ever failed a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give full details on a separate sheet of paper including the principal's name and the address of the school.

Has the student ever been questioned, apprehended, arrested, or detained by the police, or a law enforcement officer? Yes \_\_\_\_\_ No \_\_\_\_\_, If so please

\_\_\_\_\_  
\_\_\_\_\_



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## *Statement of faith*

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### *We Believe...*

1. The Scriptures, both the Old and New Testaments, are verbally inspired of God and are the revelation of God to man, the infallible, authoritative rule of faith and conduct.
2. The one true God has revealed himself as being the eternally self-existent Creator of Heaven and Earth and the Redeemer of mankind. He has further revealed Himself as a Trinity, that is, one being existing in three persons - Father, Son, and Holy Spirit.
3. The Lord Jesus Christ is the eternal Son of God, as revealed in Scriptures, by His virgin birth, His sinless life, His miracles, His death on the cross, His bodily resurrection from the dead, and His position at the right hand of God.
4. That man was created good and upright. However, man willfully sinned and thereby was subjected not only to physical death but also to spiritual death, which is separation from God.
5. Man's only hope for redemption is through the shed blood of Jesus Christ, the Son of God. Salvation is received through repentance toward God and faith in the Lord Jesus Christ.
6. Water baptism: the ordinance of baptism by immersion in water is commanded of all who repent and believe in Christ as Savior. It represents having died with Christ and being raised with Him to walk in the newness of life. Communion: The Lord's supper is a memorial of Christ's suffering and death and a prophecy of His second coming. It is commanded of all believers "until He comes".
7. All Christians are entitled to and should seek the baptism in the Holy Spirit with the initial physical sign of speaking with other tongues according to Acts 2:4. This experience gives a Christian power to witness by his/her life and words.
8. A sanctification is an act of separation from that which is evil and of dedication unto God.
9. The Church is the body of Christ with a divinely called ministry. Its purpose is to evangelize the world, worship God, and encourage believers to grow in the likeness of Christ.
10. Deliverance from sickness is provided for in the Atonement and is the privilege of all believers.
11. The blessed hope of the Church is Christ's return from heaven to catch up with the Christians who have died, together with those who are alive, to be with Him forever.
12. Christ will return with His saints to establish a 1,000-year reign of peace. After this will come the final judgement of the wicked, and then a new heaven and a new earth.



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# GENERAL INFORMATION

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## **ACADEMICS:**

Shepherd of God Christian Academy provides a comprehensive curriculum that encompasses various subjects. We prioritize the instruction of Biblical Christianity, aiming to foster students' growth in their knowledge of our Lord Jesus Christ. Our educational approach places a strong emphasis on core subjects, namely English, Math, Science, Social Studies, and Bible. These subjects are designed to be intellectually stimulating and challenging for our students. It is worth noting that credits earned at our institution are transferable.

To ensure the academic progress of our students, we administer the Stanford Achievement test on an annual basis. This assessment serves as a valuable tool for monitoring and evaluating the growth and development of our students.

## **HOURS OF OPERATION:**

### **BREAKFAST:**

- Available from 7:00am to 7:50am
- Please note that breakfast will not be served after 8:00am

### **CLASSES:**

- All classes begin promptly at 8:00am.
- A late bell will sound at 8:05am to signal the start of classes.

### **DISMISSAL:**

- Grades K5-3rd: Dismissal at 2:00pm.
- Grades 4th-12th: Dismissal at 3:00pm.

**FRIDAYS: ALL GRADE LEVELS DISMISSED AT 2:00PM.**

### **OFFICE HOURS:**

- The office is open from 8:00am to 4:30pm.

### **FEES:**

Please note the following financial policies and procedures:

- A mandatory \$400 student tuition fee will be assessed per family. This fee can be paid in full upfront or divided into ten equal installments of \$40 each. Installments are due on the first day of each month. It is important to clarify that this fee covers tuition and does not include extracurricular activities such as festivals or field trips.
- Payments can be made in cash, debit, or credit cards. These are the accepted forms of payment for tuition.
- Tuition payments are due on the first day of each month. Payments received after the 5th of the month will incur a late fee of \$10.
- Failure to bring the account up to date within two months (i.e., being more than two months behind in payments) may result in consequences for the student. This can include suspension, withholding of report cards, and the delay of the withdrawal process until the past due balance is resolved.



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# **DISCIPLINE AND HEALTH POLICY**

Dear Parents,

We are required by the Department of Children and Families to provide parents with a written health and discipline policy. Therefore, we request that you read and sign this form (and return it to the office) acknowledging that you have read and understand the policy.

Our program will ensure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his/her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us with what may work best with your child.

## **DISCIPLINARY POLICY**

The SOGCA School community is one in which children can flourish in an atmosphere of mutual respect. Children will be guided in a positive manner to develop their full potential academically, socially, and emotionally. The SOGCA School community is a peaceful one in which differences are settled through negotiation and problem solving. Everyone has a right to be shown respect, kindness, and courtesy and to live in a safe environment.

The following steps will be used for behavior modification:

1. Children will be re-directed from the situation.
2. Children will be corrected and asked to change their behavior.
3. Children will be placed in "Time Out" (no more than one minute per year of their age. Example, a 5-year-old would be given a 5-minute time out).
4. Parents will be contacted if behavior is not corrected.

## **HEALTH POLICY**

Please do not send your child to school sick. Our teachers are instructed not to accept sick children. Any child with a fever, vomiting, diarrhea, colored mucus, or any other contagious illness may not return to school unauthorized by a physician or symptoms have subsided

\*\*\*\*\*

I, \_\_\_\_\_, have received in writing the health policy and disciplinary practices used by Shepherd of God Christian Academy.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child's Name)



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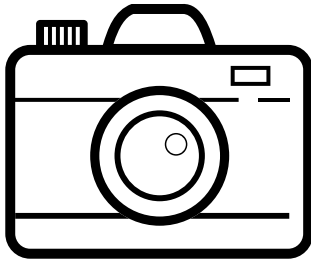
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# **PHOTO RELEASE FORM**

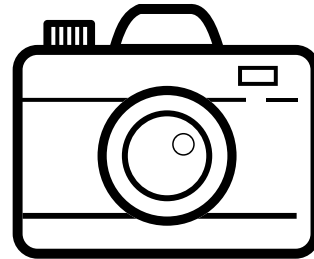
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**NAME OF GUARDIAN:**

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**I GRANT PERMISSION TO SHEPHERD OF  
GOD CHRISTIAN ACADEMY TO TAKE  
PHOTOS OF MY CHILD THAT MAY BE  
POSTED ON OUR SOCIAL MEDIA  
PLATFORMS.**



**NAME OF CHILD:**

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**I GRANT PERMISSION TO SHEPHERD OF  
GOD CHRISTIAN ACADEMY TO TAKE  
PHOTOS OF MY CHILD THAT MAY BE  
POSTED ON OUR SOCIAL MEDIA  
PLATFORMS.**

By signing this form, I acknowledge the terms and conditions of  
Shepherd of God Christian Academy photo release requirements  
for the 2023 - 2024 school year.

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**SIGNATURE OF PARENT / GUARDIAN**

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**TODAY'S DATE**



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# STUDENT EMERGENCY CONTACT FORM

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Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Last

Fist

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

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives With ( ) Both ( ) Mother ( ) Father ( ) Guardian

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**List Four Emergency Names** and phone numbers of people who have permission to assume temporary care of your child if you cannot be reached.

1) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

3) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

4) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

List the names of any person(s) **Not Authorized** to pick up your child(ren):

1) Name \_\_\_\_\_

2) Name \_\_\_\_\_





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## **MEDICAL INFORMATION**

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For educational purposes, I wish to share the following information with the Shepherd of God Christian Academy Staff:

Health Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_

\*\*In case of accident or serious illness I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below to follow his/her instructions. If it is impossible to contact this physician, the school may make arrangements deemed necessary.\*\*

**Signature of Parent or/guardian (required)** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

### **MEDICAL AUTHORIZATION:**

We hereby grant Shepherd of God Christian Academy Preschool permission to take any actions in their judgment that are necessary to supply emergency medical services to my child. We understand that some circumstances are different in each situation. Shepherd of God Christian Academy Preschool will attempt to contact any parent or guardian listed in the emergency contact form in case of any given emergency.



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## **AUTHORIZATION TO RELEASE RECORDS**

I hereby authorize:

Name of last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

to release all records, including academic, disciplinary, and Special Education/504 records of:

\_\_\_\_\_

Student's Last Name

First Name

Middle

Student's Date of Birth: \_\_\_\_\_

The records are to be released for the purpose of enrollment in the Miami-Dade County School District.

**PLEASE SEND THE FOLLOWING RECORDS TO:**

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>TRANSCRIPTS</b>	<b>REPORT CARD</b>	<b>IMMUNIZATION RECORDS</b>
<b>TEST DATA</b>	<b>DISCIPLINE RECORD</b>	<b>SPECIAL EDUCATION / 504 RECORDS</b>

\_\_\_\_\_  
Name of School Official Requesting Records

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name and Signature of Parent or Guardian

\_\_\_\_\_  
Date

-



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## **COVID-19 PRE-SCREENING QUESTIONNAIRE**

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As a precaution to prevent the spread of the novel coronavirus COVID-19 at our center and reduce the risk of potential exposure, you're required to acknowledge the following statements.

By signing below I attest that:

- To my knowledge, I or my children have not been in close contact with anyone with confirmed cases of COVID-19 within the last 14 days.
- I or my children currently have no symptoms related to the COVID-19 cough fever or shortness of breath.
- I understand that if I or my children have been in contact with individuals who have symptoms outlined further access to the center is prohibited.
- I understand that although Shepherd of God Christian Academy preschool is taking all hygiene and protection measures against the spread of COVID-19 we are in no way exempt from the risk of contagion.

Thank you for your cooperation.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



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## **DISCIPLINE POLICY**

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Our program will ensure that age-appropriate constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior to ensure a safe and successful program discipline is a must.

The following steps will be used for behavioral modification:

- Children will be corrected and asked to change their behavior.
- Children will be redirected from situations.
- Parents will be contacted if the behavior is not corrected.
- Children shall not be subject to discipline which is severely humiliating or frightening.
- Discipline shall not be associated with food rest or toileting.
- Spanking or any form of physical punishment is prohibited.
- Children may not be denied active play because of misbehavior.

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## **EXPULSION POLICY**

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Unfortunately, at times there are reasons we have to expel a child from our program either on a short-term or permanent basis we want you to know we will do everything possible to work with the family of the child in order to prevent this policy from being enforced. The following are reasons why we may have to expel or suspend a child from the center.

### **IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself.
- Parents threaten physical or intimidating actions toward staff members.
- Parents exhibit verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Other (explanation will always be given)

Child's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_



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# **EXPULSION AGREEMENT**

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## **CHILD'S ACTIONS OF EXPULSION**

- Failure of the child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting (multiple warnings given).
- Other (Explanations will always be given).

## **SCHEDULE OF EXPULSION**

If the remedial actions above have not worked, the child's parent or guardian will be advised verbally about the child's or parent's behavior warranting an expulsion.

The parent or guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate childcare. One to two weeks' notice will be granted depending on the risk factor to other children's welfare or safety.

## **PROACTIVE ACTIONS THAT CAN BE TAKEN TO PREVENT EXPULSION**

- Staff will try to redirect the child from negative behavior.
- Staff will reassess the classroom environment appropriateness of activities and supervision.
- Staff will always use passive methods and language while disciplining children.
- Staff will praise appropriate behavior.
- Staff will consistently apply consequences for breaking rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's destructive behavior will be documented and maintained in confidentiality. The parent or guardian will be notified.
- Parents will be given written notes of the behavior that might lead to expulsion.
- The administration classroom and parent or guardian will have a conference to discuss how to promote positive behavior.
- the parent or guardian will be given literature or other resources regarding methods of improving behavior.
- Recommendation or evaluation by professional consultant on-premises.
- Recommendation or evaluation by the local school district.

I, \_\_\_\_\_ have received in writing the disciplinary and expulsion practices of Shepherd of God Christian Academy Preschool.

Parent's Signature \_\_\_\_\_ Child's Name \_\_\_\_\_ Date \_\_\_\_\_



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## TUITION

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**Agreement:** I \_\_\_\_\_ am fully aware that:

- It is the school's policy to make no refunds on registration fees.
- Tuition is due weekly and must be pre-paid for the attending week due on Mondays.
- There will be a late payment fee of \$15 if tuition is not paid by Wednesday.
- I agree to pay the amount specified in the above school year tuition and fees scheduled regardless of my child being absent from the center while being enrolled. This is to ensure that my child's spot is held.
- If tuition is not paid by the seventh day after payment is due, my child will not be accepted in class and his or her enrollment may be terminated.
- A charge of \$30 will be charged to your account for any insufficient fund checks.
- Shepherd of God Christian Academy Preschool reserves the right to collect delinquent funds by using the services of a collection agency. Please be advised interest may be compounded to the delinquent amount.
- 

INITIALS: \_\_\_\_\_

**UNIFORM:** I understand that my child is required to be in uniform every day. That uniform includes close-toed shoes mandatory for all children daily.

INITIALS: \_\_\_\_\_

**FOOD:** According to the food program, foods that come from outside the school will not be allowed without a medical note or religious beliefs.

INITIALS: \_\_\_\_\_

**HEALTH:** In order to comply with state law, it will be necessary for the parents or guardian to supply Shepherd of God Christian Academy Preschool with a current physical and immunization form.

INITIALS: \_\_\_\_\_