



3100 NW 5th Avenue Boca Raton, FL 33431
 Tel: (561) 395-3011 . Fax: (561) 395-3029
 info@assahaba.org . www.assahaba.org

NEW

APPLICATION FOR ADMISSION

ROLLOVER

In order to be considered for admission, application must be filled out completely

Application Date		School year		<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Grade	<input type="checkbox"/> Pre-Kindergarten 3	<input type="checkbox"/> Pre-Kindergarten 4
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Student	Name	Last	First	Middle
	Primary Language	Other Language(s)		SS#
	Date of Birth	Month	Day	Year
	Place of Birth	Citizenship		
	Primary Language			

Education	Present/Last School	City/State	
	<input type="checkbox"/> Public <input type="checkbox"/> Independent/Private <input type="checkbox"/> Parochial		
	Years of Attendance	Grade Completed	
	Other schools attended in the last three years and date of attendance		

Parent Guardian	Father	Father Name	Last	First	Middle	
		Address	Street		City	State/Zip
		Home phone	Cell Phone			
		Work Phone	Email			
		Place of Birth	Citizenship			
		Primary Language	Other Language(s)			
		Education Background				
		Occupation	Employer/Business			
	Mother	Mother Name	Last	First	Middle	
		Address	Street		City	State/Zip
		Home phone	Cell Phone			
		Work Phone	Email			
		Place of Birth	Citizenship			
		Primary Language	Other Language(s)			
Education Background						
Occupation		Employer/Business				



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FAMILY INFORMATION

Parents are (please check all that apply):

- Married
 Separated
 Divorced
 Parent Remarried/please specify

Parent Remarried/please specify

Parent Deceased/please specify

If a parent or guardian is living abroad or out-of-state, please specify

If parents are separated or divorced, who has legal custody of child?

Who is financially responsible for the child?

Which parent receives admissions correspondence?

Please list relatives who currently attend or have graduated from Garden of the Sahaba Academy

How did your family hear about our School? (friends, colleagues, internet, Masjid, Ad etc.)

MEDICAL HISTORY

Allergy: _____

Medication Taken: _____

Medical Concern: _____

Doctor's Name: _____ Doctor's Phone: _____

EMERGENCY CONTACT (other than Parent/Guardian)

Name	Home Phone	Cell Phone
Relationship to Student	Work Phone	
Name	Home Phone	Cell Phone
Relationship to Student	Work Phone	

PERMISSIONS

Persons permitted to remove child:

Legal Custody

	Yes	No	Yes	No
Mother	___	___	___	___
Father	___	___	___	___
Guardian	___	___	___	___

Other persons authorized by the parent or guardians to take the child from the facility (if different from the above). If none, indicate "None".

Last Name	First Name	Phone	Relationship
Last Name	First Name	Phone	Relationship



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1. ARTICLE XV, B. 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*. I have received a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*.
2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII, B, 1, PBC Rules requires the parent complete an *AUTHORIZATION FOR EMERGENCY MEDICAL CARE* in the event of serious illness or accident and if the parents can not be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

 Signature of Parent or Guardian

 Date

5. ARTICLE XII, PBC Rules require the parent and the center complete an *ALTERNATE NUTRITION PLAN AGREEMENT* if the meals or snacks are furnished by the child's parent. *ALTERNATE NUTRITION PLAN AGREEMENT*:

Indicate Special Dietary Requirements:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

(Mark P for Parent Provides, C for Center Provides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	A.M. Snack	Noon Meal	P.M Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal plan pattern and menus and to discuss any problem which might develop in the use of the Alternate Nutrition Plan.

 Signature of Owner/Operator

 Date

 Signature of Parent or Guardian

 Date



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TUITION AND FEES

School tuition is a yearly commitment. Tuition payment may be made in one full payment or on a monthly payment plan administered through FACTS Management Company. Enrollment in FACTS is mandatory for each family. A flat fee of \$41.00 per family will be required at the time of registration for this service. Tuition and fees not received by the tenth (10th) day of each month incur a late charge of \$25.00. The child will not be allowed to attend the class after the twentieth (20th) day of the month until all fees are paid in full. A \$25.00 fee will apply for failed auto-debit and/or returned checks.

The tuition and fees are listed on a separate document. After-school may be available at an additional charge. Bus transportation is available at an additional charge.

- \$300 Registration (non-refundable)
- \$300 Activities Fee

ADMISSIONS POLICIES

GSA admits student of any race, color, religion, gender, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its students and does not discriminate on the basis of race, gender or religion in administration of its educational policies, admissions, programs.

Parents agree to attend a minimum of two out of the three parent involvement seminars during the academic year.

VOLUNTEERING: I will help my child's class (Circle one):	YES	NO
Can GSA Parent Teacher Organization (PTO) contact you?	YES	NO

Signature of Parent or Guardian

Date