

Application for Admission

REGISTRATION FORM

2023/2024 School Year



5900 Sundance Blvd. Mulberry, FL. 33860

P. 863-646-6444

F. 863-646-6662

www.bminds.academy



First Name: _____
Last Name: _____
Age: _____
Birthdate: _____
Rising Grade: _____

APPLICATION PRODEDURES

We are delighted with your interest in Brilliant Minds Christian Academy of Technology and look forward to welcoming your family to our community. Consideration is given to students who will pursue academic study with dedication and responsibility as well as contribute to our campus community. Your application will be processed through the Admissions Office. Any questions related to the application may be directed to the Admissions Director who will be glad to assist you through the application process. The suitability of any applicant for enrollment is at the sole discretion of Brilliant Minds Christian Academy of Technology. All such decisions are final. Applicants who are not accepted for enrollment may reapply for the following school year.

APPLICATION CHECKLIST

Please use this checklist to ensure that the complete application is submitted to the Admissions Office. The items below are listed in recommended order of completion.

Section A (all applicants)

- Application for Admission, completed in its entirety
- Registration Fee (The registration fee is non-refundable.)
- Child's Current Picture
- Copy of Birth Certificate and/or Passport
- Copy of Immunization Record

AFTERSCHOOL PICKUP

WE OFFER PICK-UP FOR THE FOLLOWING SCHOOLS:

- o Sikes Elementary (Before School Option)
- o Medulla Elementary (Before School Option)
- o Willow Oak Elementary

*All monthly tuition payments are made via electronic funds transfer to Tuition Express.
Discounted Early Registration by March 1st is: Elementary= \$150.00
*Incidental childcare rate for late pickup is \$1 per minute before/after scheduled drop off/pickup time.
*Changes of enrollment, including schedule changes, require a two-week notice.
*Tuition does not include kids club for VPK and Elementary Students.
*(Preschool) After 6 months of consecutive attendance students are eligible for a vacation week. Two vacation weeks per year are awarded.

TUITION & FEES

Tuition	Kindergarten 8:30am to 2:45pm	Grades 1-5 8:30am to 2:45pm	Grades 6-8 8:30am to 2:45pm	After-School Brilliant Minds Students 3:00pm to 6:00pm	After-School Non- Student (school age) 3:00pm to 6:00pm	After-School Non-Student Preschool 3:00pm to 6:00pm	Before- School
Weekly	\$125	\$137.50	\$150	\$37.5	\$100	\$112.50	\$12.50
Semi- monthly	\$250	\$275	\$300	\$75	\$200	\$225	\$25
Monthly	\$500	\$550	\$600	\$150	\$400	\$450	\$50
Quarterly	\$1250	\$1375	\$1500	\$375	\$1000	\$1125	\$125
Semester	\$2500	\$2750	\$3000	\$750	\$2000	\$2250	\$225
Year	\$5000	\$5500	\$6000	\$1500	\$4000	\$4500	\$500

EXTRAS

Extras (all apply to students who receive a full scholarship except the Speech Pathologist.	Quantity charge per year	Total Price (per year)
Registration	1	\$225
School Polo	Boy/Girl	4/\$100
School T-shirt	Boy/Girl	4/\$100
Testing	1	300.00
Book Fee	1	400.00
Transportation/ Field Trip Fee	2	200.00
Uniforms	7	200.00
Technology		800.00
Speech Pathologist (If Applicable)	1	500.00

PARENT AGREEMENT

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational, or emotional history may affect the school's admissions decision. The school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Brilliant Minds Christian Academy of Technology.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: ____/____/____

APPLICANT INFORMATION

Entering Grade _____ For Academic Year _____ Male Female

Applicant's Full Name _____

Date of Birth ____/____/____ Student's Age _____ Current Grade _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

PARENTS/GUARDIANS

Student lives at the address above with:

Father Mother Stepfather Stepmother Other(note): _____

The applicant's parent(s) are:

Married Separated Divorced Widowed Single

Father/Guardian Name _____ Mother/Guardian Name _____

Check if home address is same as student's address Check if home address is same as student's address

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home _____ Cell _____ Home _____ Cell _____

Primary Email _____ Primary Email _____

Employer _____ Employer _____

Title _____ Title _____

Business Address _____ Business Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work _____ Cell _____ Work _____ Cell _____

Email _____ Email _____

AUTHORIZATION FOR PICK-UP

Name: _____ Relationship: _____

Phone: _____ Emergency Contact Alternate Pick-Up

Name: _____ Relationship: _____

Phone: _____ Emergency Contact Alternate Pick-Up

Name: _____ Relationship: _____

Phone: _____ Emergency Contact Alternate Pick-Up

Name: _____ Relationship: _____

Phone: _____ Emergency Contact Alternate Pick-Up

AUTHORIZATION FOR MEDICAL

Hospital/ Clinic: _____

Address: _____

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy: _____

Dentist Office: _____ Policy: _____

Address: _____

Dentist's Name: _____ Phone: _____

Insurance Company: _____ Policy: _____

Drug Allergies: _____

Food: Allergies: _____

List Current Medications: _____

Disabilities or Special Health: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I will accept responsibility for payment of any medical services rendered, not covered by my insurance carrier. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Brilliant Minds Christian Academy of Technology, LLC will make every attempt to contact the parent/guardian or emergency contact, in the event that no contact is made, the signing of this consent gives Brilliant Minds Early Learning Academy, LLC permission to take all reasonable steps to see that children enrolled at Brilliant Minds Early Learning Academy, LLC receive necessary medical treatment.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

EMERGENCY MEDICAL TRANSPORT

I give permission for my child to be released from Brilliant Minds Christian Academy of Technology, LLC and transported by Emergency Medical Services Transportation (Ambulance/Paramedic or Fire Rescue) to the nearest medical facility. I release Brilliant Minds Christian Academy of Technology, LLC and any individuals from liability in case of accident or injury during transport, as long as normal safety procedures have been taken.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

FIELD TRIP AUTHORIZATION

I give permission for my child to go on field trips via transportation provided by Brilliant Minds Christian Academy of Technology, LLC or any contracted transportation provider for extracurricular field trips. I release Brilliant Minds Christian Academy of Technology, LLC and any contracted individuals/providers from liability in case of accident or injury during activities related to Brilliant Minds Christian Academy of Technology, LLC daily curriculum, as long as normal safety procedures have been taken.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

MEDIA RELEASE AUTHORIZATION

I DO / DO NOT (please circle one) give permission to Brilliant Minds Christian Academy of Technology, LLC to use photographs or videotapes of my child for publication (bulletin boards, newsletters, or other media outlets) taken during Brilliant Minds Christian Academy of Technology, LLC hosted events throughout the school year.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

DISCIPLINE POLICY

1. Age appropriate, constructive disciplinary practices are used for children in our care.
 - a. Redirect child
 - b. Discuss with the child about appropriate behavior
 - c. "Time Away" from ongoing activity
2. Children are not subjected to discipline which is severe, humiliating or frightening.
3. Discipline is not associated with food or toileting unless it infringes on the rights of others; and if so, refer to #1

Signature _____ Date: _____

SEVERE WEATHER POLICY



In the event of severe weather, please listen to the radio or instructions on TV. During the school year, we will follow the Polk County School Board's decisions in regard to school closings, early releases, delayed openings, etc. During the summer months, we will use our own guidelines and discretion on weather related closings. Please call the school and listen to the message. We must have a working land-line phone, running water, and electricity to have our facility open.

Signature: _____ Date: _____

EDUCATIONAL HISTORY

Has this student applied for admission at any BMCAT school previously? Grade: _____ Year: _____

Has this student been enrolled at any BMCAT school previously? Grade: _____ Year: _____

Current School _____ City, State _____

Date Entered _____ No. of years attended _____ Current Grade _____

Other schools attended: (please give dates)

_____ Dates Attended _____

_____ Dates Attended _____

_____ Dates Attended _____

Why are you thinking of leaving your present school? _____

Primary Language spoken at home _____ Additional Languages _____

List all siblings and the school or college they currently attend (or from which they have graduated):

Full Name _____ Male/Female Grade _____ D.O.B. _____

School/College _____

Full Name _____ Male/Female Grade _____ D.O.B. _____

School/College _____

Full Name _____ Male/Female Grade _____ D.O.B. _____

School/College _____

APPLICANT INTEREST

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper and provide professional reports.)

Learning Differences, No Yes Behavioral Problems No Yes

Psychiatric/Psychosocial Problems No Yes Visual Problems No Yes

Hearing Problems No Yes I.Q. No Yes

Does the applicant take any prescribed medication or need any special medical attention? No Yes (If yes, please explain)

Condition _____ Medication _____

Condition _____ Medication _____

Have there been any situations in the applicant's life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.): _____

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school? No Yes

If yes, explain:

Extracurricular interests, abilities, achievements, school leadership, choral music, theatre, musical instruments played:

1. _____ 2. _____
3. _____ 4. _____

How did you learn about BMCAT?

(Please check all that apply)

- Online ad
- Newspaper/Magazine ad
- Social media website
- Online search (Google, etc.)
- Friend, family or colleague
- Referral
- Read an article about
- Lakeland (newspaper etc.)
- I live or work in the area
- Other: _____

Please rank the following factors in your school selection process according to importance: 1=most important; 7=least important)

- ___ Convenient location
- ___ Character education
- ___ Individualized instruction
- ___ Quality of facilities
- ___ Quality of teachers
- ___ Safe, secure campus
- ___ Strong Academics

OFFICE USE ONLY:

App. Received Date ___/___/___ Grade ___ Needs Testing (Y)___ (N)___ Date Tested _____

Date of Enrollment ___/___/___ Accepted by: _____

Data Entry (Adm.) _____ Other: _____



ALLERGY AND FOOD PREFERENCE INFORMATION

Child's Name: _____

Substances	Child's Information					(Check if allergic)	
	MAY be exposed	May NOT be exposed	IS Allergic	Is NOT Allergic	Not Sure	Parent(s)	Other Family Member
Food:							
Peanut							
Other Nuts & Seeds							
Citrus Fruits							
Other Fruits							
Cow's Milk							
Yogurt							
Other Dairy							
Corn							
Oats							
Wheat							
Other Grains							
Yeast							
Egg Yolks							
Egg Whites							
Soy Foods							
Fish							
Shell Fish							
Strawberries							
Mushrooms							
Environment:							

Dust							
Mold Spores							
Cats							
Dogs							
Other Animals							
Pollen							
Bee Stings							
Other Insects							
Medical:							
Penicillin							
Latex							
Other:							

This Form Must Be Notarized -Parents: Please read carefully and initial after each statement.

1. I authorize staff members to provide any first aide treatment deemed necessary for my child. This includes triple antibiotic ointment, Neosporin, Benadryl spray, antiseptic wash or spray for cuts, and Band-Aids. _____
2. In order to meet all legal requirements, I hereby authorize the Director of the School or any person in charge, to give my consent for any and all emergency treatment for my child, while he/she is under BMCAT's care. _____
3. In the event of serious illness or accident, if I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment. _____
4. My child is in overall good health and it is safe for my child to be actively involved with the program at BMCAT. _____
5. I understand that parents will be notified and required to pick up their child who is suspected of having a communicable illness such as, but not limited to: Fever (100 degrees +), diarrhea, pink eye, ringworm, head lice, vomiting, green/yellow runny nose, cough, and rotavirus. Children must be symptom free, without medication for 24hours before returning to school. A written statement from a physician attesting that the child has been appropriately treated for an illness is required upon returning to school. _____
6. I understand that attending BMCAT is a privilege and if my child continuously interrupts the learning process, or engages in excessive inappropriate behavior, the Administration may suspend or expel my child. _____
7. I am aware that the tuition payment must be paid in advance. Parents may either pay the monthly tuition rate in full on the first of each month OR divide the monthly rate into two payments; one to be made on the first of each month and one on the fifteen of each month. If you do not pay at least two weeks in advance, BMCAT reserves the right to suspend care. _____
8. In the event, we choose to withdraw our child from BMCAT, we understand that 2 weeks' written notice is required. Two weeks of your tuition will be non-refundable. _____
9. I understand that all fees/tuition payments are non-refundable and are subject to change at any time. _____
10. I agree to pay all fees. The registration fees must be paid during our annual registration times (usually during the fall and summer). _____
11. I agree to work with BMCAT cooperatively and to assists in providing the best learning environment possible. I understand that there may be modifications set in order for my child to succeed. BMCAT has my permission to complete screenings and evaluations that are in the best interest of my child. I agree to follow through with referrals given by the BMCAT Director. This could include, but not limited to hearing speech, behavioral, etc. _____
12. I have received a Parent Handbook. I have read it and have a good understanding of BMCAT's policies and Procedures. _____

State of Florida, County of _____

Parent/Legal Guardian Full Name: _____

Sworn to and subscribed to me in the aforementioned State and County.

This _____ day of _____ in the year _____.

Personally, known to me or who has produced a valid Driver's License # _____ as identification.

Notary Public, State of Florida _____

Commission Number: _____ Commission Expires: _____