



JLP INSPIRING MINDS

Dear Parent(s)

Thank you for your interest in JLP Inspiring Minds School...
Enclosed, please find the school's registration packet.

If you have any questions after reviewing the registration information, please feel free to contact us by email or by phone:

Email: info@jlpinspiringminds.com

Phone: 954-746-5437

Sincerely,
JLP Inspiring Minds Administration.



To ensure the academic success of the students in our school, the following plan is initiated to offer the support that your child will need to successfully complete our program.

Students with limited language proficiency in English will receive the following assistance:

1. Remedial class in the language if needed
 2. English as a second language (ESOL) or French as a second language (FRESOL) in language arts
 3. Teachers will be able to present instruction in other subject content in a way that all the students can understand
 4. Additional French lessons will be available (optional)
 5. Constant consultation with teachers regarding the student's development will be maintained
 6. Quarterly evaluation plans will be initiated for the students in order to monitor their progress
 7. Based on the progress of the students, teachers will use their discretion to determine when and how to give the midterm exam to the students
 8. All students will receive a grade for each marking period, mid-term and/or final
- ✚ Should you have any questions or concerns, please feel free to schedule an appointment with the administration.

JLP APPLICATION FOR ADMISSION

NEW STUDENT

Date: _____

Please include my child as a student in grade _____ at JLP Inspiring Minds for the academic year 20 _____

STUDENT INFORMATION

Student Name: _____ Age: _____
First Middle Middle Last (Years) (Months)

Home Address Line

Street Address, Apt. #

Home Address Line 2*

CITY and ZIP CODE **** This is where all school correspondence, including final reports, will be mailed. ***

Date of Birth: _____ Month: _____ Day: _____ Year: _____

Place of Birth: _____ Month: _____ Day: _____ Year: _____

Parent's Social Security Number: _____

Gender of student: ☐ Female ☐ Male

Child's Primary Language (Pick One) ☐ English ☐ Spanish ☐ Creole
☐ French ☐ Haitian ☐ Other

CONTACT INFORMATION

Mother/Guardian 1 (First and last name)	Father/Guardian 2: (First and last name)
Email address(es)	Email address(es)
Home phone(s)	Home phone(s)
Cell phone(s)	Cell phone(s)
Work phone(s)	Work phone(s)
Place of business	Place of business
Occupation	Occupation

If Parents are separated, with whom does the child live?

_____ Parents of prospective candidates are advised to submit this application as soon as possible.

This application must be accompanied by a non-refundable registration fee of 200.00. **Please make a check payable to JLP Inspiring Minds.**

Mother's Signature (or Guardian 1)

Date

Father's Signature (or Guardian 2)

Date

No application will be processed until it is fully completed, signed and a nonrefundable registration fee has been paid.

STUDENT INFORMATION

PLEASE BE ACCURATE CONCERNING ALL ITEMS

Name : _____

Applicant's Current School: _____ Present Grade: _____

School Head/Principal/Counselor: _____

Address of School: _____

(Street): _____ (City) (Zip Code): _____

Please list all schools attended, starting with preschool and give dates.

City and State Dates of Attendance:

Has the applicant undergone any visual, hearing, I.Q. or other educational assessment during the past two years?

Yes

No

(If yes, please elaborate on a separate page or request to have a copy of the assessment forwarded to JLP Inspiring Minds)

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? (If yes, please explain)

Has the applicant previously applied for admission to JLP Inspiring Minds (If yes, when and for what grade?)

Yes

No

Describe any special circumstances that may have affected your child's experience in the past or that may do so in the future :

Has your child ever had any special tutoring? Please describe:

What are your child's academic strengths?

PREVIOUS SCHOOL INFORMATION/ RELEASE TO OBTAIN

Name: _____
Last Name First Name Middle

Name and Address of School Previously Attended

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Principal/Administrator's Name: _____

School Telephone Number: _____ Fax Number: _____

I give permission and approval to JLP Inspiring Minds to contact your school, by both mail and telephone, to contact your school, by both mail and telephone, to obtain academic performance information concerning my child. In addition, with my signature below, I authorize the academic performance information concerning my child.

I authorize the release/transfer of my child's school records to the JLP Inspiring Minds release/transfer of my child's school records to the JLP Inspiring Mind's administrative offices.

Date Release was signed: _____

Name of Person Authorizing Release/Contact: _____

PROCEDURE | CONTACT

INSURANCE WAIVER

Emergency Procedure

In the event my child is involved in an accident or medical emergency (as determined by the administration and/or In the event my child is involved in an accident or medical emergency (as determined by the administration and/or teachers and/or staff of JLP Inspiring Minds) and needs medical treatment, I/We authorize treatment.

_____ as the parent/guardian of _____, give
(Print Your Name) (Print student's name)

Permission to JLP Inspiring Minds and/or its designee to ensure that medical intervention/treatment of my child is given by JLP Inspiring Minds and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practice Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practi Act, in my absence should an injury occur. I understand that due to insurance regulations, injured or ill children must be transported.

I understand that due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. I also understand and agree that I will be responsible to pay for any and all charges incurred as a result of my child's treatment at the treating hospital and/or expense for transportation to a hospital.

My child:

Does	Does Not
------	----------

 Have medical insurance coverage.

Circle one

Insurance Carrier: _____ Policy Number: _____

Insurance Carrier's Authorization Telephone Number: _____

<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>
--------------------------------------	---------------------------------

(Please indicate with your signature that you understand the above emergency medical procedures and will accept responsibility for any and all responsibility emergency medical charges for transportation and treatment)

List all Allergies

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

List all Medical conditions:

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

EMERGENCY CONTACT NUMBERS

In case of an accident or other medical emergency please contact the following people/ parties in the order in which they are listed below.

In case of an accident or other medical emergency please contact the following people/ parties in the order in which they are understand that despite reasonable efforts to do so, you may not be able to contact a specific person listed and understand that despite reasonable efforts to do so, you may not be able to contact a specific person listed and will attempt to contact the next ill attempt to contact the next person on this list as time and the situation dictates. I also understand that failure to contact any person on this list does as time and the situation dictates. I also understand that failure to contact any person on this list does not nullify my person on this list as time and the situation dictates. I also understand that failure to contact any person on this list do understanding and agreement with the above emergency medical procedure and understanding and agreement with the above emergency medical procedure and will nonetheless accept responsibility for any and all emergency accept responsibility for any and all emergency medical charges.

1. Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

4. Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Signature

Date

(Please indicate with your signature that you understand the above emergency medical contact procedures and will accept responsibility for emergency medical charges.)

DISMISSAL | PICK-UP PROCEDURE

Student Name: _____

Pass Code or Number: _____

Please list below all people (including parents) allowed to pick
(When picking up your child, they may be asked to identification with a photo,
such as a driver's license.)

1. Name: _____ Relationship to Child: _____

2. Name: _____ Relationship to Child: _____

3. Name: _____ Relationship to Child: _____

4. Name: _____ Relationship to Child: _____

5. Name: _____ Relationship to Child: _____

6. Name: _____ Relationship to Child: _____

7. Name: _____ Relationship to Child: _____

8. Name: _____ Relationship to Child: _____

9. Name: _____ Relationship to Child: _____

10. Name: _____ Relationship to Child: _____
:

Signature

Date

*(Please indicate with your signature that JLP Inspiring Minds has your
permission to release your child to those listed.)*

TO WHOM IT MAY CONCERN

I hereby give my consent to _____
NAME OF HOSPITAL

To administer necessary treatment to my child _____
NAME OF CHILD

In the event of an emergency at which time I cannot be reached.

I give consent to transportation by ambulance if the situation warrants it.

Name of Physician: _____ Policy Number: _____

Allergies of Child: _____ Expiration Date: _____

Date of Last DPT or Tetanus: _____ Phone: _____

Insurance Company Covering Child: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE : _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

By _____
NAME OF PERSON ACKNOWLEDGE

My Commission Expires: _____

Signature of Notary Public, State of Florida: _____

Print or Type Name of Notary as Commissioned: _____

Personally known: _____

Or Produced Identification: _____

Type: _____

STATISTICAL INFORMATION REQUESTED OF THE SCHOOL BY VARIOUS GOVERNING AUTHORITIES

Name Of Student: _____

Citizenship

USA ☐ Yes ☐ No

France ☐ Yes ☐ No

Other ☐ Yes ☐ No

(if yes, European Union ☐ Yes ☐ No)

(Requested by the State of Florida)

Is student of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

People of Hispanic, Latino, or Spanish origin are those who trace their origin or descent to Mexico, Puerto Rico, Cuba, Spanish-speaking countries of Central or South America and other Spanish cultures. Origin can be considered as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People of Hispanic, Latino, or Spanish origin may be of any race.

Select all those that apply (information requested yearly by the State of Florida):

<input type="checkbox"/> White	<p>(Student has origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish)</p>
<input type="checkbox"/> Black or African American	<p>(Student has origins in any of the Black racial groups of Africa. This includes people who indicate their race as "Black or African American" or provide written entries such as African American, Afro - American, Kenyan, Nigerian, or Haitian)</p>
<input type="checkbox"/> Asian	<p>(Student has origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)</p>
<input type="checkbox"/> Multiracial	<p>(Student who is of two or more races)</p>
<input type="checkbox"/> Other	<hr/>

Signature

Date

PRESCRIPTION MEDICATION

To insure proper administration of any medication prescribed by your child's doctor, we are asking that you adhere to the following doctor, we are asking that you adhere to the following guidelines:

If at all possible, medication should be scheduled to be given right before and/or right after school rather than during school hours.

Prescription medication provided by the parent and dispensed by LFA staff must be in the original container.

The name of the child's doctor, child's name of medication, dosage, and the directions for administration shall be writ label.

Both the completed Authorization for Medication – FORM 5 (below) and the prescription medication shall be hand delivered by an adult to an administrator (if the main office is open) or to the before care staff member (if the main office is not yet open). Inform the administrator or staff member in writing of any possible reactions and any other pertinent information related to the possible reactions and any other pertinent information related to the medication.

If your child has been placed under any physical activity and/or dietary restrictions by his/her doctor, please be sure to in information as well.

NOTE: Never mix medication with any food or drink in your child's lunch.

Students may not bring medication to school.

Medication must be brought to school by an adult and hand delivered to an LFA staff member.

Students are not to be in possession of medication at any time while on school property.

AUTHORIZATION FOR MEDICATION – FORM 5

No medication shall be given by JLP Inspiring Mindsn personnel without the signed permission of the student's parent or guardian.

Please complete this form.

Child's Name: _____

Name of Medication or Prescription Number: _____

Amount of Medication to be given: _____

Time(s) Medication is to be given: _____

Duration of treatment

* Only one day

* Until the medication is gone

* Daily until you receive a new form

* _____ Days, then stop

Parent's Signature Date

Date and Time Medication given: _____ Amount given: _____

Signature of worker giving medication

OPTIONAL

I authorize the administration of: _____ Children's Tylenol _____
Benadryl [for allergic reaction only] _____ (Initials) _____ Children's Motrin
_____ to my child as directed by the manufacturer's instructions
e manufacturer's instructions. Whenever Children's Tylenol, Children's Motrin or
Benadryl is given to my child, the school will notify me as soon as possible.

Parent's Signature Date

FIELD TRIP PERMISSION FORM

By signing below, I authorize my child to attend all field trips By signing below, I authorize my child to attend all field trips organized by JLP Inspiring Minds.

Child's name: _____

Grade: _____

Parent's Signature

Field trips: The school will have a monthly field trip. Prior notice with details such as location, etc. Will be given. These field trips are an integral part of our educational program. The fees are mandatory. Your permission for your child to participate in such excursions is part of this agreement.

PARENTAL PERMISSION AND AGREEMENT TO ALLOW STUDENT TO PARTICIPATE IN PHYSICAL EDUCATION CLASS AND ACTIVITIES WHILE IN ATTENDANCE AT JLP INSPIRING MINDS

JLP Inspiring Minds, as part of a balanced educational program, offers/provides physical education activities as part of a balanced educational program, offers/provides physical education activities to each of its students.

These activities are conducted indoors and outdoors, weather permitting. The activities may be conducted on a paved surface and/or grass or mulch covered areas. The activities that may be offered/provided are conducted on a paved surface and/or grass or mulch covered areas. The activities that may be offered/provided are conducted in groups and are as follows:

I/We _____ as the parent/guardian of _____
(Print your name) (Print student's name)

give permission to JLP Inspiring Minds and/or its designed to allow my student to participate in the physical education program as explained above, as it is conducted by the school. I also understand and agree/state I know of no reason that my student should not participate in this program due to physical or mental reasons. I realize that in the conduct of this or any physical education program, injuries may occur to my student. I hold harmless JLP Inspiring Minds any physical education program, injuries may occur to my students. I will JLP Inspiring Minds and/or its designees for such injuries and/or complications from such injuries. Furthermore, I will be responsible to pay for any and all medical charges incurred as a result of my child's treatment for such injuries should they occur at the treating hospital and/or doctor as previously stated and agreed by me/us in the Emergency Procedure/Contact/Insurance Waiver Form now on file at JLP Inspiring Mind.

Signature

Date

PHOTOGRAPHS , SOUND RECORDINGS, AND USE OF EDUCATIONAL DATA

These materials can also be used to inform the general public about the programs and the services offered by JLP Inspiring Minds and publicity photos to be published in newspapers, magazines, both locally and nationally, and the school's websites.

In providing this consent, I waive all claims of action which I may have at any time against JLP Inspiring Minds, its employees and agents, relating to said photographs, slides, moving pictures, sound recordings, and/or videotapes, educational data, and/or other methods of recording or reproducing likenesses of my child.

I understand that I will receive educational services whether or not I consent to taking and use of such materials.

Signature

PHYSICAL EDUCATION UNIFORM & FIELD TRIP T-SHIRT ORDER FORM

PRICE

P.E. Uniform ☐ Yes ☐ No \$25.00 PER SET
(T-SHIRT AND SHORTS INCLUDED)

Field Trip T-shirt ☐ Yes ☐ No \$12.00 each

Amount Enclosed: \$ _____

Name of Student: _____

Youth Sizes

T-Shirts Small 6-8: _____ Large 14-16: _____

Medium 10-12: _____ X Large: _____

Student's name: _____

Grade: _____ e-mail: _____

I have chosen the following payment plan:

Option 1: Yearly payment a onetime payment of tuition in full due June 1st expires June 5th

Option 2: Quarterly payment with a 5% finance charge, due on August 1st, November 1st, and February 1st

Option 3: Monthly Tuition payment plan option with a 7% finance charge 10 monthly payments due on the 1st of each month from August 1st – May 1st.

There will be a \$75 late fee for all payments made after the 5th of the month and 15% of the balance for all payments made.

PAYMENT PLANS WILL BE ESTABLISHED FOR ALL CURRENT YEAR CHARGES.

PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE PLANS WILL BE ESTABLISHED FOR ALL CURRENT YEAR CHARGES.

PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE MADE UNTIL REGISTRATION IS FULLY COMPLETE.

Any charges incurred after this plan is established including charges for additional activities or services added must be paid separately by the published due date or date of registration if they occur after tuition deadline.

NO AMENDMENTS TO THE PLAN WILL BE ACCEPTED.

- I promise to pay JLP Inspiring Minds International School all payments detailed in this payment agreement by the established deadline.
- I understand that the payment agreement can be established for only one year.
- No School services (i.e., transcripts) will be granted if the payment is not received on time.
- No financial aid is applied until all aid has been finalized and all requirements have been met.
- I understand and agree that failure to pay all charges by the due date will leave my account subject to financial penalties, including collection and legal fees.
- I understand and agree that any payments made to the School will be credited first to any delinquent charges.

- I understand and agree that withdrawal from the School does not release me from this payment plan obligation, any financial penalties or other collection costs.
- At 30 days past due, the entire payment plan balance will be accelerated (to a shorter term) and a late penalty of 15% of the outstanding balance will be assessed.
 - ✚ The late penalty indicates that your account is past due. Unless you resolve the debt outstanding balance will be assessed.
 - ✚ The late penalty indicates that your account is past due. Unless you resolve the debt immediately, the School will advance the matter to the next step in the collection process, and your child may not be allowed to advance the matter to the next step in the collection process, and your child may not be all register for next year.
- Once an account is 60 days past due, repayment arrangements may be made directly with the collection agency, and the, repayment arrangements may be made directly with the collection agency, and the account holder bears the costs associated with collection efforts.
 - ✚ The cost associated with collection efforts is approximately ars the costs associated with collection efforts.
 - ✚ The cost associated with collection efforts is approximately 33.33% of the outstanding balance, which can add substantial additional charges. We encourage you to make payment in a timely manner and avoid financial penalties.
- The makers and endorsers of this agreement hereby waive protest, presentation, and notice of dishonor and hereby agree to remain bound for the payment of this agreement.
 - ✚ The makers and endorsers of this agreement agree to pay all expenses remain bound for the payment of this agreement.
 - ✚ The makers and endorsers of this agreement agree to pay all expenses incurred in the collection of this agreement.

* **Please note:** This is a binding contract.

Name of Parent/Guardian

Signature of Parent/Guardian (required)

ADDITION TO ENROLLMENT CONTRACT

Parents or guardians should sign this Contract in duplicate and return both copies to the Admissions Office.

One copy will then be signed in duplicate and return both copies to the Admissions Office.

One copy will then be countersigned and returned by this office.

JLP Inspiring Minds agrees to enroll (student's name) for the 2020-2021 school year, and to provide the program and educational and other services as prescribed for that grade.

In consideration of the acceptance of the Enrollment Contract by LFA the undersigned agrees to pay the required fees as specified in the Enrollment Manual and Procedures: This contract is an addition to the general contract of the registration, policies and procedures that the parent has signed for this school year 2020-2021.

I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 1 no

I understand that my obligation to pay the fees for the full academic year is unconditional and the a portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school the above student.

In view of this obligation, I understand participation in the Tuition Refund Plan is required unless I present satisfactory evidence of tuition and related fees are paid in full for the school year.

I understand that the cost of this insurance protection together with a leaflet describing the details will be provided to me with the first billing.

The Plan will insure fees (prepaid and due) in the event of absence or separation according to the terms of the Policy. Additionally, I authorize the School to collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me. I agree to pay the School whatever balance remains unpaid after any payment by the Plan is credited to my account within 30 days after receipt of a final, itemized bill.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the School as stated in the current catalog and the rule concerning payment of fees as referred to above.

Furthermore, I agree to the policy of the School that no student will be permitted to take examinations nor will grades and transcripts be released unless an account has been paid in full.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardian in writing, with (except forfeit of the Tuition fees) prior to August 1. If enrollment is canceled after August 1st, parents or guardian financially responsible for the student are obligated to pay the full annual charges.

The undersigned agrees to release and hold harmless the responsible for the student are obligated to pay the full annual charges.

The undersigned agrees to release an responsible for the student are obligated to pay the full annual charges.

The undersigned agrees to release an school, its agents and employees from all claims, damages or other liabilities for injuries to my child which are not the reliabilities for injuries to my child which are not the result of gross negligence by this school, its agents or employees.

The undersigned also agrees to indemnify the school for damages by my child.

In order to reserve a place for your child, both copies of this Enrollment Contract and your Reservation. order to reserve a place for your child, both copies of this Enrollment Contract and your Reservation. Deposit must be received by the School no later than Deposit must be received by the School no later than 01/04/2019.

This contract shall be interpreted in accordance with the laws of the State of Florida.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardians Financially Responsible for Student

Date: _____

1. Address: _____

2. Address: _____

Accepted Date

Parent Signature



JLP INSPIRING MINDS