



HEART TO HEART CHRISTIAN ACADEMY

BISHOP DR. BILLY W. WHITE, SR. & DR. JUANITA WHITE, DIRECTORS

BILLY W. WHITE JR., ASST DIRECTOR

CORNEILUS J. WHITE, PRINCIPAL

"Building a Foundation of Excellence in Children's Lives"

2021-2022

Student Registration Checklist

Documents Required:

- _____ Complete Student Registration Packet.
- _____ Birth Certificate.
- _____ Current Report Card.
- _____ Immunization Record.
- _____ Physical (New Students Only).
- _____ IEP (If Applicable).
- _____ 2021- 2022 Award Letter.
- _____ Parent Portal Set-Up (Edsby).
- _____ Placement Test.
- _____ Principal Interview.

***Required Forms to be Notarized ***

- _____ Electronic Device Agreement Form.
- _____ Emergency Medical Release Form.

_____ Notarized Forms Completed
COMPLETE

_____ Notarized Forms Incomplete
INCOMPLETE

OFFICE USE ONLY:

_____ All Documents Received

_____ No Documents Received

Admin Initials Verification of Checklist: _____ Date: _____

2021 - 2022

STUDENT REGISTRATION PACKET

___ Private Pay ___ AAA
___ McKay ___ GARDINER
___ Step Up ___ FES

Transportation
Needed
___ Yes ___ No

Need Uniforms go to:
www.frenchtoast.com
h2hacademy.com
SCHOOL CODE: QS5EBWQ

STUDENT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS _____
STREET CITY STATE ZIP CODE

AGE _____ GRADE LEVEL _____ GENDER _____ RACE/ETHNICITY _____

HOME NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS: _____

PREVIOUS SCHOOL: _____

MOTHER'S (OR) LEGAL GUARDIAN:

NAME _____ RELATIONSHIP TO STUDENT _____

PLACE OF EMPLOYMENT _____ WORK NUMBER _____

MARITAL STATUS: _____ : MARRIED _____ : SINGLE _____ : DIVORCED _____ : WIDOWED.

HOME NUMBER: _____ CELL NUMBER: _____ WORK NUMBER _____

EMAIL ADDRESS: _____

FATHER'S (OR) LEGAL GUARDIAN:

NAME _____ RELATIONSHIP TO STUDENT _____

PLACE OF EMPLOYMENT _____ WORK NUMBER _____

MARITAL STATUS: _____ : MARRIED _____ : SINGLE _____ : DIVORCED _____ : WIDOWED.

HOME NUMBER: _____ CELL NUMBER: _____ WORK NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT OTHER THAN PARENT _____ NUMBER _____

RELATIONSHIP TO STUDENT _____

SIGNATURE OF PARENT (OR) LEGAL GUARDIAN: _____

DATE _____



Heart to Heart Christian Academy

Student Registration

2021- 2022

Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government has adopted new standards for collecting and maintaining ethnicity and race data that will allow individuals to more accurately report their origins. As a result of this, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group and by one or more racial groups.

Please answer all questions below by checking "Yes or No" for each of your children.

Question	Yes	No
ETHNICITY		
1. Is the student of Hispanic/Latino origin?		
RACE		
2. Is the student American Indian or Alaska Native?		
3. Is the student Asian?		
4. Is the student Black or African American?		
5. Is the student Native Hawaiian or Other Pacific islander?		
6. Is the student White?		

Student Name _____ Grade _____

School District Where Private School is Located _____

Name of Private School _____

Parent/Guardian Signature _____ Date _____

Date: _____ Signature: _____



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(NEW STUDENT) - ONLY

PRELIMINARY REGISTRATION - PARENT/CHILD QUESTIONNAIRE

STUDENT'S NAME: _____

DATE: _____

1. HOW DID YOU HEAR ABOUT OUR SCHOOL?

2. WHAT ARE SOME OF YOUR CHILD'S INTERESTS?

3. WILL YOU NEED TRANSPORTATION FOR YOUR CHILD, **YES** OR **NO**? IF SO, WILL YOU NEED BOTH PICK-UP OR DROP-OFF ONLY, OR BOTH FROM SCHOOL? _____

4. IF TRANSPORTATION IS NEEDED, PLEASE LIST YOUR COMPLETE ADDRESS.

(PLEASE NOTE: TRANSPORTATION IN YOUR AREA MAY (OR) MAY NOT BE OFFERED IN YOUR AREA)

5. WILL YOUR CHILD BE NEEDING BEFORE AND AFTERCARE SERVICES **YES** OR **NO**? _____

6. IS THERE ANYTHING IMPORTANT WE NEED TO KNOW ABOUT YOUR CHILD **YES** OR **NO**?

7. IS YOUR CHILD CURRENTLY ON AN IEP **YES** OR **NO**?

8. ARE THERE **(OR)** WERE THERE ANY DISCIPLINARY OR BEHAVIOR ISSUE(S) AT YOUR CHILD'S CURRENT OR PREVIOUS SCHOOL THAT WE SHOULD KNOW ABOUT **YES** OR **NO**?



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AUTHORIZATION RELEASE

Request for School Records

To: School Principal or Authorized Administrator

I authorize your school to release the indicated school records for the student(s) listed below who are now enrolled at Heart to Heart Christian Academy. Please forward the records of my child(ren) to the address below.

1. _____ Cumulative Records _____ Health Records _____
Student Name

Birth Date: _____ Psychological Records _____ ESE Records _____

Behavior (Detention/Suspension/Expulsion) _____

2. _____ Cumulative Records _____ Health Records _____
Student Name

Birth Date: _____ Psychological Records _____ ESE Records _____

Behavior (Detention/Suspension/Expulsion) _____

3. _____ Cumulative Records _____ Health Records _____
Student Name

Birth Date: _____ Psychological Records _____ ESE Records _____

Behavior (Detention/Suspension/Expulsion) _____

ACCEPTING SCHOOL:

Heart to Heart Christian Academy

8247 Ramona Blvd. West

Jacksonville, FL 32221

P: (904) 783-8638/8631, Ext 210

F: (904) 224-1183

Email: h2hschoolofficestaff@gmail.com

Parent Signature: _____ Date: _____

Last School Attended: _____ Principal/ Authorized Administrator: _____

Date Sent: _____



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REFERENCE – DISCIPLINE

STUDENT NAME: _____ GRADE: _____

PARENT SIGNATURE: _____ DATE: _____

PARENT INSTRUCTIONS: COMPLETE THE ABOVE INFORMATION ENTIRELY. Please give this form to the front office of the new school. (By doing so, you understand that the information requested is confidential and that you waive the right to read this reference.)

ADMINISTRATIVE OFFICIAL: This student is seeking admission to: Heart to Heart Christian Academy. The student may **NOT** be admitted until this confidential information has been received. When you have completed the form, please fax it directly to the Registrar Office at: (904) 224-1183. Please do NOT return this form to the parent.

QUALITY	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
Responsibility/ Reliability						
Personal & Moral Integrity						
Respect for Authority						
Honesty						
Attitude						
Cooperation						
Leadership						
Emotional Stability						
Orderliness						
Initiative						
Appearance/ Cleanliness						
Attendance						

1. Do you know of any specific discipline problem the student has Yes or No? If yes, please explain _____

2. Would you accept the applicant as a returning student in your school next year Yes (or) No (If no, why)? _____

3. In what capacity have you known the student? _____

Name of person completing this form: _____

Title: _____

Signature of person completing this form: _____

School: _____

Address: _____

RETURN THIS FORM TO:

HEART TO HEART CHRISTIAN ACADEMY

8247 RAMONA BLVD, WEST

JACKSONVILLE FL, 32221

FAX: (904) 224-1183

Email: h2hschoolofficestaff@gmail.com



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Dear Academy Patrons,

As an essential part of the enrollment process, the pledge written below must be completed. It serves as a protective legal hedge for the benefit of our families and the school. In the interest of being good stewards, we must make every attempt to insulate our school against costly lawsuits and/or other forms of avoidable disruption.

Please understand that we dearly value your patronage and ask that you realize our mission and purpose has not changed even though the climate around us has required that we be "wise as serpents" (yet) "harmless as doves".

CONDITIONS OF ENROLLMENT AND PLEDGE OF COOPERATION

1. I understand that it is a privilege, and not a right, for my child to attend Heart to Heart Christian Academy. I further understand that all students are accepted on a **probationary status to include: attendance and academic behavior**. I further understand that the school reserves the right to dismiss any student, who does not cooperate with any phase of the educational program and process, be it curricular, or whose attitudes and actions are not in harmony with the aims and ideals of Heart to Heart Christian Academy. I give H2H administration full discretion in the discipline of my child, including the issuing of demerits, referrals, detention, suspension (in-school/out), and expulsion from the school for conduct deemed by H2H to be improper, regardless of where the incident(s) giving rise to such discipline occurs.
2. In order to preserve the spiritual atmosphere nurtured at H2H, I understand that discipline will be more swiftly and rigorously enforced than in a public-school environment or in some other private school. I further understand there may be times where I disagree with discipline imposed upon my child. I further understand that in the event of such disagreement, I am to request a conference with the principal and/or his or her designee(s) of the educational unit involved.
3. I understand that H2H, in the interest of nurturing its school atmosphere and spiritual goals, has a "Zero Tolerance" policy regarding possession and/or use of drugs on or off campus. If in the judgment of H2H's administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by H2H to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to H2H, I shall withdraw my child(ren) from H2H and thereby waive all rights to any recourse.
4. I understand and agree to the need for not random, but reasonably determined investigations of student activities which may involve and include searching my child's or children's belongings manually or with metal detector (books, or carrying bag, lunch box, purse, gym bag). In case of secondary students, I also give permission for any motor vehicle in my student's possession to be searched for stolen or other improper items. I ask that H2H's administration make a reasonable attempt to contact me prior to such a search in order to allow me to be present. If I am not available

PAGE CONTINUED....

5. by telephone after reasonable efforts to contact me have been made by H2H, I permit H2H's administration to search the vehicle.
6. I agree to fully cooperate with H2H's administration regarding all actions requested of me pertaining to my child's or children's enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of school and to encourage my child(ren) to likewise abide by the aims and ideals of the school.
7. I understand that my child's or children's continued enrollment at H2H is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from H2H for any reason. I waive all rights to a refund of tuition and fees not yet having been paid.

PLEASE SIGN AND RETURN THIS PAGE. REGISTRATION CANNOT BE COMPLETED WITHOUT THIS FORM.

STUDENT NAME _____ **GRADE** _____
PLEASE PRINT

STUDENT SIGNATURE (1st - 12TH GRADE) _____ **DATE** _____

I have read, or reviewed with my parents, and understand and agree to abide by the provisions of the school handbook for my grade level.

PARENT SIGNATURE _____ **DATE** _____



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TO: ALL PARENTS OF THE STUDENTS ATTENDING HEART TO HEART CHRISTIAN ACADEMY

FROM: THE ADMINISTRATION

SUBJECT: ENFORCEMENT OF RULES AND POLICIES

Dear Parents:

Please understand that we value your patronage and ask that you realize our mission and purpose here at Heart To Heart Christian Academy.

As outlined in the Condition of Enrollment and Pledge of Cooperation that was signed by each parent at the time of registration, there is a **(ZERO-TOLERANCE)** policy regarding certain rules and violations. In order to preserve the spiritual atmosphere nurtured at Heart To heart, please understand that discipline will be more swiftly and rigorously enforced than in a public school environment, and in some other private schools. Please also understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extra-curricular, or whose attitudes and actions are not in harmony with the aims and ideals of Heart to Heart Christian Academy.

We thank you for your decision to make Heart to Heart Christian Academy the choice for your child/children's educational needs and advancement. We are committed to making a full effort in giving each student the best education and the help they need to reach their highest potential.

Please feel free to contact us here at the school during normal business hours. Our hours of operation are 8:00 a.m. to 4:00 p.m., Monday- Friday. Our contact number is (904) 783-8638/8631, EXT 210.

Sincerely,

Corneilus J. White

Principal/Administrator

Heart to Heart Christian Academy

8247 Ramona Blvd, West.

Jacksonville Florida, 32221

P: (904) 783-8638/8631, Ext 210

F: (904) 224-1183

principalh2h2020@gmail.com

h2hschoolofficestaff@gmail.com



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HEART TO HEART CHRISTIAN ACADEMY PARENT OBLIGATIONS

We at Heart to Heart (H2H) value your patronage to entrust your son/daughter with us to provide a quality education for them. We take every measure necessary to ensure that your son/daughter has the proper tools and instructional material to complete their goals. Therefore, we need your support in making sure that scholarship payments are endorsed promptly, so that we can continue in a flow of excellence providing for the needs for our students and staff.

By signing below, you are acknowledging that you have carefully read and understood your parental financial obligation to Heart to Heart Christian Academy.

ALL SCHOLARSHIP CHECKS, MCKAY AND STEP-UP MUST BE SIGNED BY THE 3RD DAY OF RECEIVING, OR UPON NOTIFICATION FROM THE SCHOOL, and WHICHEVER IS SOONER (i.e., if your scholarship check is received 1st September, you must sign it by the 3rd of September)

ANY SCHOLARSHIP CHECKS NOT SIGNED BY THE 3RD DAY OF RECEIPT WILL BE ACCESSED A \$7.00 FEE EACH DAY THEREAFTER. (No records, report cards will be released until all fees have been paid for the school year)

ALL STUDENTS MUST HAVE ALL FEES PAID, INCLUDING TUITION, TRANSPORTATION, ELECTONIC DEVICE FEES AND ACHIEVEMENT TESTING BEFORE ANY RECORDS ARE RELEASE FROM HEART TO HEART.

ANY OUTSTANDING OBLIGATIONS, WHATSOEVER, WILL DELAY THE RELEASE OF RECORDS FROM HEART TO HEART FOR THE SCHOOL YEAR TO PARENTS OR THIRD PARTY. **ALL FEES MUST BE PAID IN ORDER TO RELEASE RECORDS.**

Parent Signature

Date

Principal or Administrator Signature

Date



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Emergency Medical Release

(This Form must be NOTARIZED and returned to the school office)

Student Name: _____ Age: _____

Grade: _____ Birth Date: _____

Parent Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Preferred Hospital: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____

I authorized employees of Heart-to-Heart Christian Academy to transport my child(ren) to the doctor or medical facility listed above. I also authorize the doctor and/or medical facility personnel listed above to provide the medical treatment necessary for my child(ren).

If I cannot be reached during an emergency, please call:

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Parent Signature: _____ Date: _____

Notary Signature: _____ Date: _____



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PROCEDURE REGARDING MEDICATION TAKE DURING SCHOOL

1. Prescription medications must be clearly labeled by a U.S. dispensing pharmacy and contain the following information: (consistent with prescription of authorized licensed health care provider)
 - ◆ Student's full name
 - ◆ Physician's name
 - ◆ Dosage, schedule, and route
 - ◆ How long medication is to be taken: 1 year or short-term (Date medication is to be discontinued or number of days medication is to be administered.)
2. In addition to a home supply, parent/guardian may request a second labeled bottle from the pharmacy for school use.
3. Non-prescription (over the counter) medications that have been authorized by this request, may be administered at school (only if) the medication is provided in the original container, along with your license healthcare physician's note providing dosage to be taken and how often medication is to be administered.
4. Request for Medication to be Taken During School Hours must be renewed annually.
5. Parent/Guardian will notify the school nurse or site administrator and provide a new Request for Medication to Be Taken During School Hours when there is a change in the student's medication, health status or authorized health care provider.
6. The school administrator or the administrator's designee will assume responsibility for placing the medication in a locked cabinet, storage unit or locked refrigerator.
7. The school administrator, the administrator's designee, or school nurse will assume responsibility for returning unused medication to the parent/guardian at the end of the student's school year.
8. If medication must be taken while a student is on a field trip, arrangements must be made through the school nurse.
9. All injectable medications require special arrangements such as the following:
 - (a.) Injectable medications, such as insulin, used on a regular or as needed basis must be administered by licensed health care providers and require special arrangements.
 - (b.) Injectable medications, which are to be given on an emergency basis, require special arrangements and training of school staff by the credentialed school nurse.
10. Each medication requires a separate written authorization.



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REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(THIS FORM TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)

Student Name: _____ Sex: _____ Birth Date: _____

Name of School: _____

Name of Medication: _____

Dosage Prescribed: _____

Time Schedule at School: _____

Form of Dosage: _____

Purpose of Medication or Diagnosis: _____

☐ The medication may have adverse side effects, if so please (Explain _____

☐ Special Instructions and or comments:

☐ The student for whom this medication is prescribed is under my care:

Healthcare Physicians Name:

Healthcare Physician Signature:

Date:

Name of Practice:

Address

City/State

Zip Code

Telephone Number:

[illegible]



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Student Medication and Allergy Form

Student Name: _____

MEDICATIONS

Parents: Carefully list all medications your child is currently taking and list any allergies and/or food items your child is allergic to.

Medication	Dosage	How Often	Used For

ALLERGIES

Following is a list of all my child's allergies that I am aware of and I understand that allergic reactions can occur at any time and under any circumstance to include substances which my child has previously shown no signs of being allergic to. Therefore, I do not hold Heart to Heart Christian Academy responsible for any reaction to any substance listed below. (PLEASE PROVIDE A DOCTOR'S NOTICE FROM A LICENSED PHYSICIAN FOR SPECIALTY DIET CONCERNS REGARDING THE STUDENT'S MEAL PLAN OF CHOICE. THIS WAY IF A CHILD BRINGS A LUNCH THAT IS IN NEED OF WARMING THE FSD CAN NOTIFY THE KITCHEN STAFF ACCORDINGLY.

Medication/Substance/Food	Reaction (rash, hives, etc.)

Parent Signature

Date

Heart to Heart Principal/Administrator

Date

(PLEASE PROVIDE A COPY OF THIS COMPLETED STUDENT ALLERGY FORM TO THE (CAFETERIA STAFF OF H2H)



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STUDENT RELEASE FORM

Parental Authorization For Student Pick-Up

I authorize any one of the following persons listed below to pick-up my child(ren) from Heart to Heart Christian Academy upon dismissal of school or in the case of emergency.

I also authorize Heart to Heart Christian Academy personnel to contact any of these individuals in the event I have not arrived to retrieve my child within 10 minutes of the end of school. Additionally, I acknowledge that a fee of \$25.00 will be assessed the first 30 minutes and \$5.00 every additional 15 minutes my child is not picked up.

School hours are (8:30 am- 3:20 pm) Monday through Thursday and (8:30 a.m. – 1:00 p.m. Friday) Students are not to arrive prior to 7:45 am and should be picked up by 3:20 pm.

Student Name: _____

Name	Contact Number

Parent Signature

Date



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ELECTRONIC DEVICE AGREEMENT:

Important Note: Each student is required to possess an electronic device in order to complete their educational academics, while enrolled here at Heart to Heart Christian Academy. Our curriculum is an online based curriculum. The parental guardian is solely responsible to seek out and provide their own internet service. If you do **NOT** have a workable electronic device, one can be provided to you with Non-Refundable Rental Deposit fee of \$50.00. If you agree to rent the available device, you assume **ALL** responsibility and you agree, **if damages occur or are made to the rental device, you will be responsible for damages to the rental device as such (and) agree to be charged an additional \$225.00.**

Equipment Questionnaire:	Workable Equipment		Rental Needed	Please indicate by circling below	
Desktop Computer – Workable?	Yes	No	Not Available	Not Applicable	
Laptop – Workable?	Yes	No	Yes No	Not Applicable	
Internet Service?	Yes	No	Not Applicable	Parental Responsibility	

Disclosure:

*** Below, if you choose to decline participating in the "**Fee Based - Electronic Rental Agreement**" from Heart to Heart Christian Academy. You agree that you have been made aware that a workable electronic device and internet services is needed for your child/ children in order to complete their educational academics, while enrolled here at Heart to Heart Christian Academy. ***

___ No, I decline the rental equipment offered above, and will seek to provide my child with their own electronic device equipment. **(It is the parent's responsibility to secure their own internet provider)**

___ Yes, I will accept and agree to the rental agreement above and will assume all responsibilities if damages occur. **(It is the parent's responsibility to secure their own internet provider)**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Notary Signature: _____ Date: _____



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Non- Disclosure Agreement

The parental or legal guardian(s) agree that in consideration and for the accessing of information disclosing,
You will:

1. Keep all contact information up-to date, relating to your child/children attending Heart to Heart Christian Academy, not limiting to emails, any and all telephone numbers; so that you can be reached regarding day-to day school or emergency matters pertaining to you child/children.
2. You agree to **NOT** withhold your contact information private, wherein you cannot be reached.

By disclosing this information solely to Heart to Heart Christian Academy, we will **NOT** sell your information and will be kept under strict confidence. By signing this written/verbal agreement, you agree that All information has been accurately understood and expressed this day.

Printed Name: _____

Signature: _____

Date: _____

Office Use Only:

Printed Name: _____

Signature: _____

Title _____

Date: _____



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CONSENT, WAIVER, AND RELEASE AGREEMENT FOR PARTICIPATION IN HEART TO HEART CHRISTIAN ACADEMY (H2H) ACTIVITIES AND EVENTS

Participant (Last Name): _____ (First Name): _____

Birth Date: _____

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Release: In consideration of the benefits of participation in the activities of Heart to Heart Christian Academy (H2H), ("School"), a ministry of The New Life Church at Jacksonville ("Church"), a Florida non-profit corporation, I, for my minor child and myself, the heirs, personal representatives or assigns of my minor child and myself, consent to my child's participation in School Activities (including but not limited to Field Trips, Events, Special Sessions, Sports, Games and Physical Education) as well as my child(ren) picture, name, grade and etc. to be displayed or used for social media networks for advertisement for Heart to Heart Christian Academy and further waive all claims or causes of action against School/Church, its agents, Board of Directors, trustees, employees and volunteers; arising out of my minor child's and my participation in School Activities and hereby release, hold harmless and discharge the School/Church from any and all liability, claims, demands, actions and causes of action whatsoever, including reasonable attorney fees, arising out of or related to any loss, damage or injury (whether direct, indirect, consequential or otherwise), including death, that my minor child and I might sustain or that any of my minor child's and my property might sustain while participating in any School Activities.

Assumption of Risks: Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my minor child's and my participation in School Activities. I understand and acknowledge that School Activities could result in injury and I agree that participation in all School Activities shall be at my minor child's and my sole risk. I acknowledge that I am responsible for payment of any/all medical costs and insurance costs.

Acknowledge of Understanding: I have read this Consent, Waiver, and Release Agreement and understand the terms used in it and their legal significance. This Consent, Waiver, and Release Agreement is freely and voluntarily given with the understanding that right to legal recourse against the School/Church is knowingly given up in return for allowing my minor child's and my participation in School Activities. I agree that this Consent, Waiver, and Release Agreement shall remain in effect and apply each time my minor child and I participate in any School Activities.

By signature below, I acknowledge and accept all terms and conditions of this Consent, Waiver, and Release Agreement. I am signing this Consent, Waiver, and Release Agreement on behalf of a minor, I certify that all representations are true and that I am the minor's legal guardian(s) or custodial parent(s) with full authority to bind the minor and myself to the terms and conditions of this Consent, Waiver, and Release Agreement.

Signed: _____ Dated: _____

Print Name: _____



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STUDENT EXTENDED CARE AGREEMENT

NAME: _____ TODAY'S DATE: _____
(STUDENT NAME/PRINT)

GRADE: _____ DOB: _____ STARTING DATE: _____

(Circle) DAYS NEEDED: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MONTHLY RATE: AM = 6:30 – 7:45= \$82.50 PER MONTH
PM = 3:20 – 6:00 = \$82.50 PER MONTH
(Friday's Only) PM = 1PM -6:00 P.M.
AM & PM = \$165.00 PER MONTH
2 OR MORE (REDUCED RATE)
(RATE ALSO INCLUDES SNACK)

PARENT/GUARDIAN NAME: _____
(PRINT)

ADDRESS: _____
(STREET) (CITY/STATE) (ZIP)

TELEPHONE NUMBER(S): _____
(CELL) (WORK) (HOME)

EMERGENCY CONTACT: _____
(NAME/PRINT) (PHONE NUMBER)

**** ALL FEES ARE DUE AT THE START OF EXTENDED CARE, UNLESS PRIOR ARRANGMENTS HAS BEEN MADE. ADDITIONAL FEES WILL INCUR FOR ANY STUDENT BEYOND THE AGREED HOURS OF CARE. STUDENTS RECORDS WILL BE HELD FOR ANY PAST DUE BALANCES. ****

PARENT SIGNATURE

(DATE SIGNED)

ADMINISTRATOR SIGNATURE

(DATE SIGNED)

8247 Ramona Blvd. West, Jacksonville, FL 32221, Phone: (904) 783-8638/8631, Ext 210, Fax: (904) 224-1183,

Email: h2hschoolofficestaff@gmail.com



Educational Services Program
TITLE I -PARENTAL CONSENT
DATE: _____

School District _____ DUVAL COUNTY _____ School Year _____ 2021-2022 _____
Student _____ School _____
Date of Birth _____ Principal _____
Grade _____ Teacher _____

Reason for Referral: Reading _____ Math _____

To Parents:

Your child is eligible to receive Title I services in the area(s) checked above from the sending school district. These services will be provided by a Third Party Contractor and will be paid for by the sending school district using Federal Title I funds.

In order to assess your child's needs, an evaluation will be provided. This may include a review of standardized test scores, informal testing and interviews with school personnel to assure your child receives the appropriate educational program. Student progress reports will be made available to you and your child's teachers during the school year.

At the end of the year, your child may be tested again on a standardized test to assess his/her progress. This test may be administered to your child even if he/she is no longer receiving services via the Third Party Contractor at the time of testing.

Before these services can begin, we must have your consent. This may be given by signing in the space below:

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I -LEARNING.

Signature of Parent or Guardian: _____

Date: _____

Please Print Name: Parent of Guardian: _____

Address: _____

Number

Street

City

State

Zip Code

Home Phone: _____

Work Phone: _____

I DO NOT GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I - LEARNING

Signature of Parent or Guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER.



Heart to Heart Christian Academy

2021-2022

Student Registration

TITLE I DUVAL COUNTY PUBLIC SCHOOLS

No Child LEFT BEHIND

Heart to Heart Christian Academy is trying to qualify for extra services for our students. Please help by following the directions below to complete this form and return it to the school. All information is kept confidential and is only used to determine funding for the entire school, not individual students.

Income Determination Form For Non-Public Schools

Your family's street address: _____ zip code _____

Grade levels of all children living in your household and attending this school between Kindergarten-8th grade. Using the chart below locate your family size (total number of people in your family, not just children) and the minimum income earned each month. Then answer the three questions below.

1. Is your monthly income equal to or less than the amount listed? ____ yes ____ no (please check one)
2. Does your family qualify for food stamps? ____ yes ____ no (please check one)
3. Are you receiving Temporary Assistance to Needy Families (TANF)? ____ yes ____ no (please check one)
(Formerly aid to Families with Dependent Children or Public Assistance)

Family Size	Income Earned Each Month
1	\$ 1,722
2	\$ 2,392
3	\$ 3,011
4	\$ 3,631
5	\$ 4,251
6	\$ 4,871
7	\$ 5, 490
8	\$ 6,110
For each additional family member, add \$ 620	

Income Eligibility Guidelines, U.S. Department of Agriculture

Please return this form to the front desk of Heart to Heart Christian Academy.

Thank you for your assistance.



HEART TO HEART CHRISTIAN ACADEMY

BISHOP DR. BILLY W. WHITE, SR. & DR. JUANITA WHITE, DIRECTORS

BILLY W. WHITE JR., ASST DIRECTOR

CORNEILUS J. WHITE, PRINCIPAL

"Building a Foundation of Excellence in Children's Lives"

2021-2022

SCHOOL CALENDAR

"EARLY DISMISSAL ON FRIDAYS @ 1:00PM"

(Notification and updates will be given for any changes to the calendar)

MONDAY	AUGUST 9 TH	TEACHERS REPORT TO SCHOOL
THURSDAY	AUGUST 12 TH @ 6:30 P.M.	SCHOOL ORIENTATION – ALL GRADES
MONDAY	AUGUST 16 TH	1 ST DAY OF SCHOOL FOR STUDENTS
MONDAY/TUESDAY	AUGUST 30 TH /AUGUST 31 ST	MCKAY SCHOLARSHIP PARENTS MUST SIGN CHECKS
MONDAY	SEPTEMBER 6 TH	LABOR DAY/SCHOOL CLOSED
MONDAY	OCTOBER 11 TH	TEACHERS PLANNING/NO SCHOOL FOR STUDENTS
THURSDAY	OCTOBER 14 TH	OPEN HOUSE
FRIDAY	OCTOBER 22 ND	ADMIN WORKSHOP – NO SCHOOL FOR STUDENTS
FRIDAY	OCTOBER 29 TH	MCKAY SCHOLARSHIP PARENTS MUST SIGN CHECKS
THURSDAY	NOVEMBER 11 TH	VETERAN'S DAY/SCHOOL CLOSED
WEDNESDAY – FRIDAY	NOVEMBER 24 TH -26 TH	THANKSGIVING/SCHOOL CLOSED
MONDAY - FRIDAY	DECEMBER 20-31 ST	CHRISTMAS BREAK/SCHOOL CLOSED
MONDAY	JANUARY 3 RD	TEACHERS PLANNING/NO SCHOOL FOR STUDENTS
TUESDAY	JANUARY 4 TH	TEACHERS AND STUDENTS RETURN TO SCHOOL
MONDAY	JANUARY 17 TH	MARTIN LUTHER KING JR HOLIDAY/NO SCHOOL
MONDAY	JANUARY 31 ST	MCKAY SCHOLARSHIP PARENTS MUST SIGN CHECKS
FRIDAY	FEBRUARY 18 TH	TEACHER PLANNING/NO SCHOOL FOR STUDENTS
MONDAY	FEBRUARY 21 ST	PRESIDENT'S DAY/SCHOOL CLOSED
FRIDAY	MARCH 11 TH	TEACHER PLANNING/NO SCHOOL FOR STUDENTS
MONDAY-FRIDAY	MARCH 14 TH -18 TH	SPRING BREAK/SCHOOL CLOSED
THURSDAY	MARCH 31 ST	MCKAY SCHOLARSHIP PARENTS MUST SIGN CHECKS
FRIDAY	APRIL 15 TH	GOOD FRIDAY/SCHOOL CLOSED/EASTER BREAK
MONDAY	APRIL 18 TH	SCHOOL CLOSED
TUESDAY	APRIL 19 TH	TEACHERS AND STUDENTS RETURN TO SCHOOL
FRIDAY	MAY 27 TH	LAST DAY OF SCHOOL FOR STUDENTS
MONDAY	MAY 30 TH	MEMORIAL DAY/SCHOOL CLOSED
TUESDAY	MAY 31 ST	SCHOOL CLOSED
WEDNESDAY	JUNE 1 ST	TEACHERS RETURN TO SCHOOL
FRIDAY	JUNE 3 RD	LAST DAY OF SCHOOL FOR TEACHERS

First Semester

1st Quarter: 8/16/2021 – 10/08/2021

2nd Quarter: 10/12/2021– 12/17/2022

Second Semester

3rd Quarter: 1/04/2022– 3/10/2022

4th Quarter: 3/21/2022 – 5/27/2022