



J.A.M.P.

Enrollment Application

Please Note: To receive full consideration, registration applications should be submitted with both sides fully completed. J.A.M.P. does not discriminate on the basis of race, color, national and ethnic origin in administration of its artistic policies, admission policies and other school-administered programs. J.A.M.P. does strive to maintain a balance of boys and girls in its classroom socio-economic diversity among its members.

STUDENT INFORMATION ☐ Summer Session ☐ Winter Session **Date:** _____

Applying as: ☐ Mini Jamper (3-5) ☐ Jamper (6-10) ☐ Master Jamper (Master of Instrument) ☐ Returning Jamper
Current School Grade _____

Student Name _____
Last Name First Name Middle (Likes to be called)

Home Address _____
Address City State Zip Code

Jamper E-mail Address _____ Gender ☐ Male ☐ Female

Jamper Cell (N/A if not applicable) _____

T Shirt Size (Circle One): Child: ☐ S ☐ M ☐ L ☐ XL Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Date of Birth ____/____/____ Social Security # ____ - ____ - ____

Ethnic Origin: ☐ American Indian ☐ Asian ☐ White/Caucasian ☐ African American ☐ Hispanic ☐ Other

Have you ever been dismissed from school for disciplinary reasons? Yes ☐ No ☐

If yes, please explain: _____

Do you have any special/learning needs?

Why do you want to attend J.A.M.P.? (If student is in Middle or High School, this must be written by the student.)

PARENT/FAMILY INFORMATION -- To be completed by parent(s)/guardian(s)

With whom does the student reside: ☐ Mother & Father ☐ Father ☐ Mother ☐ Guardian
☐ Father & Stepmother ☐ Mother & Stepfather ☐ Relative _____ ☐ Other _____

Mother's/ Guardian's Name _____ Home Phone _____

Mother's Home Address _____

Mother's Cell Phone _____ Mother's E-mail _____

Employer _____ Title _____ Work Phone _____

Stepfather's Name (if applicable) _____

Father's/ Guardian's Name _____ Home Phone _____

Father's Home Address _____

Father's Cell Phone _____ Father's E-mail _____

Employer _____ Title _____ Work Phone _____

Stepmother's Name (if applicable) _____



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Does applicant have any siblings or any other relative who attends (or previously attended) J.A.M.P.? ☐ Yes ☐ No

If yes, please list: _____

Has your child ever been suspended or had disciplinary difficulties? ☐ Yes ☐ No

Has your child been tested for any learning disabilities? ☐ Yes ☐ No

Has your child been tested for Attention Deficit Disorder? ☐ Yes ☐ No

Is your child currently taking any medication? ☐ Yes ☐ No (If yes, list and explain)

Has your child mastered an instrument? ☐ Yes ☐ No

If yes, which instrument _____

Does your child have a private music instructor? ☐ Yes ☐ No

Name of instructor _____ Name of School _____

Does your child read sheet music? ☐ Yes ☐ No

Medical Information: This must be accompanied by a signed current form by your medical professional; no older than 30 day)

Would you permit the school to administer to your child the following if needed?

Ibuprofen ☐ Yes ☐ No First Aid Ointment ☐ Yes ☐ No Antacids ☐ Yes ☐ No Cough Drops ☐ Yes ☐ No

Note: Any other medications must be turned into the office by a parent and accompanied by a medical authorization form.

Does your child have any allergies? ☐ Yes ☐ No

Please list: _____

Will your child be taking medication during Jump! hours? If yes, please list below. Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time, and deliver to your child's teacher for the week.

Medication: _____ Time: _____

Medication: _____ Time: _____

Medication: _____ Time: _____

The information listed in this Medical Section is correct to the best of my knowledge, and the Jumper described herein has permission to engage in all prescribed Jump! activities, except as noted on this form.

I, _____ as parent/guardian, authorize Jump! personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/ emergency care is necessary.

Signature _____

Date _____

Physician: _____ Phone: _____ Hospital: _____

Insurance Carrier: _____ Policy Number: _____



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AUGUSTA, GA

Parent Commitment Form

EMERGENCY INFORMATION: In case of an emergency, please contact the following (other than parent). I give my permission for the following persons to pick up my child(ren) from J.A.M.P.

1. Name: _____ Relationship: _____
Home Phone _____ Work Phone _____
Cell _____
2. Name: _____ Relationship: _____ Phone: _____
Home Phone _____ Work Phone _____
Cell _____
3. Name: _____ Relationship: _____ Phone: _____
Home Phone _____ Work Phone _____
Cell _____

COMMITMENT: Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, materials, and other expenses of the student while attending J.A.M.P. This agreement will be in effect for each J.A.M.P term the student is enrolled. I/We also give permission to J.A.M.P to request and receive all pertinent records from child's current music school. (On applications where only one signature of a parent/guardian is provided, J.A.M.P will assume this parent/guardian will be solely responsible for the student's tuition and other expenses.) I acknowledge that failure to pay tuition or fees will result in the account being turned over to collections and that the parent/guardian will be responsible to pay any additional court costs and fees. I want to register my child for J.A.M.P. I have read the Statement of Beliefs and the Parent Commitment Form and do not object to my child being taught accordingly. I understand that all fees are non-refundable.

Signed _____ Date _____

Signed _____ Date _____

**** Applications are dated upon receipt by the school. A registration fee (Cash or Money Order non-refundable) must accompany this application. This may be a determining factor in the acceptance process. Your signature above indicates that you wish to proceed with the admission process. Please return all forms along with payment.**

Application Fee Received- Date _____ Amount _____ Check # _____

Copy of Parent ID _____ Current Health Form _____ Copy of Current Report Card _____

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**** Applications are dated upon receipt by the school. This may be a determining factor in the acceptance process. Your signature above indicates that you wish to proceed with the admission process.**

Student(s) _____ Date _____

I / We understand and agree: _____



J.B.A.M.P

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- A. It is a privilege to attend J.B. Academy of Musik Pupils and, therefore, we will uphold the Academy through our prayers, positive attitude, and share any complaints only with the administration and not with our child(ren) or other parents.
- B. To uphold J.A.M.P'S standards of conduct and discipline; therefore, we will cooperate with the disciplinary program of the Academy and reporting results from our child(ren)'s educational testing or tutoring.
- C. To uphold J.A.M.P'S standards of artistic/ musical excellence by providing a place of practice and study for our child(ren) at home, by supervising as needed and encouraging the timely completion of all practice assignments.
- D. To be financially responsible for any injury to any person, or damage to property of others caused by our child(ren).
- E. As parents, to contribute 10 hours of community service for J.A.M.P to promote faculty, campus, and student growth. Therefore, we will call to schedule 5 hours a term to volunteer, as administration sees fit, at the Institution.
- F. To view the website daily for J.B. Academy of Musik Pupils since we are an eco- friendly Institution.
- G. I understand that my child(ren) must maintain a 2.0 grade average while attending school. Therefore, J.A.M.P must receive a copy of report card every term of release. If child(ren) fail to maintain aforementioned average, he/she will be dismissed from the session, and parent(s)/ guardian(s) will be responsible for tuition charges for the balance of the J.A.M.P term.
- H. I understand that my child(ren) must be on time for practice. Any two or unexcused more practices missed, child(ren) will be subject for termination. Upon termination, parent(s)/ guardian(s) will be responsible for tuition charges for the balance of the J.A.M.P term.
- I. I understand that Jamp! is not responsible for any personal items that are lost stolen or damaged while attending Jamp!
- J. I Consent that in an emergency J.A.M.P. may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary, I will be informed as soon as possible

Please Turn Over and Sign

- K. We also understand and agree that we will honor our financial obligation to J.A.M.P. Therefore we will pay annual tuition according to one of the payment schedules provided. We understand that if we choose to pay monthly, tuition not received by the due date will be assessed a \$50.00 late fee and \$1.00 each day thereafter that tuition goes unpaid. We understand that according to the policies of J.A.M.P, any student whose account becomes more than 5 days overdue may



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be dropped from J.A.M.P.'S, roll and that in such event, report evaluations may be withheld until such delinquent accounts are fully paid. We understand that accounts not paid will be assigned to a collections agency and that we will be responsible for any additional collections and court costs.

- L. Withdrawal Policy: for budget purposes, J.A.M.P. assumes that once a child is enrolled, they will attend for the entire term, unless a prior exception has been made. Therefore, families who withdraw prior to the start of J.A.M.P forfeit all fees. Families, who withdraw during the term, must give 30 days' notice and are responsible for tuition charges for the balance of the J.A.M.P term.
- M. I hereby consent to and release permission for the taking of photographs, film, and/or recordings for audio, for the purposes of media or Internet use, of my child by J.A.M.P or its designated representatives. I also grant the right to edit, use, and re-use said products for any and all educational, public service, or not for profit purposes and release any and all rights, title, and interest we or the child may have in said products. Photocopies and facsimiles of this Release and consent shall have the same legal effect as the original.
- N. I understand that my child (ren) will participate in various field trips and/or activities throughout the term and by signing this document I give my child permission to attend such functions. I acknowledge that information pertaining to such activities or field trips will be posted on the school's website under the J.A.M.P. Alerts.

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

PARENTS STATEMENT OF COMMITMENT



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€ We hereby invest authority in J.A.M.P to discipline our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed.

€ We agree that if we have complaints about J.A.M.P, we will in no case complain to any parent but, in the love of God and with prayer, we will register only necessary complaints according to the procedures for handling grievances for parents as found in the Parent's Handbook.

€ We understand that assessments will be made to cover damage to J.A.M.P Academy property (including breakage of windows, abuse of materials, equipment, and instruments)

€ J.A.M.P has full discretion for placing my child in the proper artistic level, regardless of the artistic level completed prior to attending J.A.M.P.

€ My participation is needed in lending practical help and prayer support in a mutual effort to train our children. I understand that I am to participate in J.A.M.P activities and fund-raising events.

€ We agree to complete all indicated community hours indicated for both my child(ren) and myself.

€ We acknowledge and understand that the Institution has become eco- friendly and will proceed to view updates on the J.A.M.P daily basis.

- jamesbrownfamilyfdn.org
- <http://www.facebook.com/groups/121438817934866/>
J.A.M.P. (JB Academy of Musik Pupils) Facebook page

€ We understand and acknowledge if our child(ren) is/are dismissed due to being unable to maintain a grade point average of 2.0 and/or miss two days during the session, we are responsible for tuition charges for the balance of the J.A.M.P term.



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€ J.A.M.P. reserves the right to suspend or dismiss any student or parent who does not cooperate with the educational process or comply with the rules and regulations of the school and will be responsible for the balance due for the remainder of the term. Please Turn Over and Sign

€ I understand that once my child(ren) is/are officially enrolled in J.A.M.P. we consent to and release permission for the taking and editing of photographs, film, and/or recordings for audio, for the purposes of media or Internet use, of my child by J.A.M.P. or its designated representatives.

€ We agree to pay tuition according to arrangement made upon enrollment. Penalty will be assessed for the balance of the remaining J.A.M.P. term if withdrawal occurs, with a 30 day notice to J.A.M.P. We understand that accounts not paid will be assigned to a collections agency and that we will be responsible for any additional collections and court costs.

€ We agree to pay the remaining term balance if withdrawal occurs outside of legality (i.e. military or medical reasons) with a 30 day notice from supervisor or doctor.

We have answered the questions contained in this document truthfully and to the best of my knowledge. I understand that any falsification of information may result in the withdrawal of my child.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



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J.A.M.P Bylaws!! **(Jamper and Parent(s) Must Read & Sign)**

- I will be respectful to others at all times.
- I will not use profanity.
- I understand that no horseplay is allowed.
- I will stay with my assigned team & team leader.
- I understand that my Parent/Guardian may be called to pick me up for continuous disruptive behavior.
- I understand that I must attend all J.A.M.P Sessions and maintain a 2.0 grade average at my school
- NO Kicking, Hitting, Spitting, Fighting, or Shoving
- NO Running in the facility
- NO gum is allowed
- NO food is allowed except during lunch or snack time.
- NO cell phone usage during class or it will be confiscated.
- AND follow the rules and regulations of JAMPBOOK at all times.

Jamper's Name: _____

Jamper's Signature: _____

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____