

**CALVARY CHAPEL ACADEMY-MELBOURNE**  
**2020-2021 BEFORE & AFTER CARE**  
**CONTRACT**

Office Use Only
Registration Fee \$30.00 per child _____
Cash _____
Check # _____
Online _____

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Car Loop with Sibling: \_\_\_\_\_ Student should be taken to 2:00 pm car loop  
(please check one only if applicable) \_\_\_\_\_ Student should be taken to 3:15 pm car loop

\_\_\_\_\_ Sibling's Name enrolled at CCA

**PERSONAL DATA:**

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**With whom does the student live?** \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Divorced or Remarried Parents:** The school must have copies of custody papers if any parent is legally restricted from having contact with the student. Please list full name of parent who is restricted from picking the student up from school: \_\_\_\_\_

Are custody papers already on file at CCA: \_\_\_\_\_

List adults who are permitted to pick up your child:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

**MEDICAL INFORMATION:**

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list the emergency contact numbers and the order in which we should call:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special physical problems of student: \_\_\_\_\_  
\_\_\_\_\_

List any allergies (i.e. medical, etc.): \_\_\_\_\_  
\_\_\_\_\_

Is your child taking regular medication for any purpose? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify medication and explain (medication/dosage):  
\_\_\_\_\_

**Please initial on the line provided to indicate your acknowledgement of EACH of the following statements:**

\_\_\_\_\_ AUTHORIZATION FOR EMERGENCY CARE: The undersigned parent(s) or legal guardian(s) of the above-referenced student authorize officials of CCA/Calvary Chapel Melbourne to contact directly the persons named on an emergency card maintained in the school office and authorizes the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the child. In the event the physician(s), other persons named above, or parent/guardian cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. Further, the undersigned parent(s) or legal guardian(s) of the above-referenced student will not hold CCA/Calvary Chapel Melbourne financially responsible for the emergency care and/or transportation for the above-referenced child. This authorization shall remain effective while the child is enrolled in CCA, unless sooner revoked in writing and delivered to CCA/Calvary Chapel Melbourne.

\_\_\_\_\_ ACKNOWLEDGEMENT OF BILLING POLICY: The undersigned parent(s) or legal guardian(s) of the above-referenced student understands and will fulfill the financial commitment to pay for the Before and After services the school is providing. Pick up after 6:00 pm is considered late and a late charge of \$15.00 will be billed to your CCA account for each 15-minute increment accordingly. You may be asked to remove your child from the program for refusal to pay for the Before & After Care Program on a monthly basis and other arrangements will need to be made.

I wish to be billed: \_\_\_\_\_ \$15.00 per day flat rate

I wish to be billed: \_\_\_\_\_ \$8.00 per hour Before Care Only

I wish to be billed: \_\_\_\_\_ \$8.00 per hour Kindergarten (2:00 - 3:15)

***\*PAYMENTS ARE ONLINE ONLY\****

CALVARY CHAPEL ACADEMY

\_\_\_\_\_  
Tim Flay, Principal

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone