

Name: _____

Preschool Application Process Checklist

- M/W T/TH**
- Mon-Thurs.**

- Completed CCA Application
- Consent for Treatment
- Off Campus Release
- Birth Certificate
- Immunization Record-Blue Card- Expires _____
- Physical Examination-2 years or 1 year- Expires _____
- Discipline Form
- Hold Harmless

CALVARY

Chapel Academy

Where Faith and Learning Soar

Monday/Wednesday

Tuesday/Thursday

Monday-Thursday

VIERA CAMPUS 2019-2020 APPLICATION FOR PRESCHOOL

DOCUMENTS NEEDED:

Birth Certificate _____
FL Immunization Card _____
FL Physical Exam _____

FOR OFFICE USE

Date Rec'd _____
ACTIVITY FEE \$ _____
Cash _____ On-Line _____
Check# _____
Staff _____

I. PERSONAL DATA:

Student's Name _____
(Last) (First) (Middle)

Name Student goes by: _____

Male/Female _____ SS Number ____/____/____ Date of Birth _____
month/date/year

Race: African-American Asian Caucasian Hispanic Native American Other
Address _____

City _____ State _____ Zip _____

Father's Full Name: _____ Marital Status: _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother's Full Name: _____ Marital Status: _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

With whom does the student live? _____

Calvary Chapel Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school administered programs.

If there are other children in the family, complete the following:

Name: _____ Age/Grade: _____ / _____ School: _____

Name: _____ Age/Grade: _____ / _____ School: _____

Name: _____ Age/Grade: _____ / _____ School: _____

Name: _____ Age/Grade: _____ / _____ School: _____

List adults who will be permitted to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

II. MEDICAL INFORMATION:

Name of physician: _____ Phone: _____

Insurance Provider: _____ Group Number: _____

Policyholder's Name: _____ Policy Number: _____

In the event of an emergency, the name and phone number to call if parent cannot be reached:

Name: _____ Phone: _____

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): _____

III. SCHOOL HISTORY:

List the schools the student has previously attended (name and full address with zip code):

School _____

Address _____ Dates and Grades Attended _____

School _____

Address _____ Dates and Grades Attended _____

Has your child ever been requested to withdraw from a school? _____ Yes _____ No

Grade _____ School _____ Reason _____

Why have you selected CCA for your child's education? _____

Please specify if your child has ever been tested for the following:

Speech _____ When _____ By whom _____

Test results _____

Hearing _____ When _____ By whom _____

Test results _____

Vision _____ When _____ By whom _____

Test results _____

Please specify if your child currently has any of the following:

IEP _____ School Name/Location _____

School District _____

Is the IEP current? _____ yes _____ no

OTHER _____ Name/type plan? _____

School name _____

School district _____

Please specify if your child has ever been referred to or been working with the following agencies:

Brevard Early Steps: _____ yes _____ no When _____ For _____

Child Find: _____ yes _____ no When _____ For _____

Easter Seals: _____ yes _____ no When _____ For _____

Circles of Care: _____ yes _____ no When _____ For _____

IV. BILLING INFORMATION:

Name of person responsible for this student's tuition and other expenses:

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Financial information may also be released to:

Name: _____ Phone: _____

Name: _____ Phone: _____

Activity/Registration Fee for 2019-2020

<u>Program</u>	<u>Days</u>	<u>Time</u>	<u>Activity Fee</u>
3-Year Old Program	M/W or TU/TH	8:15-11:45 a.m.	\$75
3-Year Old Program	M-TH	8:15-11:45 a.m.	\$75

Tuition Fee for 2019-2020

<u>Program</u>	<u>Tuition Fee</u>
M/W or TU/TH	\$196 monthly
Monday-Thursday	\$393 monthly

In the event my child is accepted for admission to CCA, I agree to the following: (Please initial following each item.)

V. STUDENT/PARENT AGREEMENT: The undersigned parent(s) or legal guardian(s) of the above-referenced student agrees to abide by the policies, procedures, and rules set forth by CCA, and further recognizes the school's right to establish rules and provide for their enforcement. _____

Permission is hereby granted for the above-referenced student to be photographed for the purpose of possible use in marketing and/or advertising publications. This permission is applicable for current, as well as future project use. _____

Be advised that your child may be assessed for delayed standard development and/or growth using the Gesell Developmental Observation method if/when it is perceived necessary by the CCA teacher and administration. _____

VI. 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 information card maintained in the school office and authorize 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 student. This authorization shall remain effective while the child is enrolled in CCA, unless sooner revoked in writing and delivered to CCA/Calvary Chapel Melbourne. _____

- VII. I understand the service hour requirement as described in the Preschool Handbook, and am aware that I will be billed for any outstanding hours at the end of each school year. _____
- VIII. I am aware that I am responsible for providing supplies for each child following the parameters of the CCA Supply Lists. _____
- IX. I will read the Preschool Handbook and discussed any appropriate or pertinent information with my/our child(ren). I agree to abide by the policies and procedures as outlined in the Preschool Handbook and support the school in enforcing the school rules and discipline policies as outlined in the aforementioned Handbook. Failure to sign and return this form does not alleviate my responsibility to abide by all policies and procedures as stated in the handbook, particularly as it relates to discipline. _____
- X. **REGISTRATION FORMS:** The undersigned parent(s) or legal guardian(s) of the above-referenced student understands that registration **MUST** be completed and the following documents **MUST** be on file in the school office: a) completed tuition contract; b) non-refundable activity fee. **Completion of these documents and payment of the activity fee are necessary for the student to ensure a space or to be placed on the wait list for the 2019-2020 school year.** _____
- XI. **ACKNOWLEDGEMENT OF FINANCIAL COMMITMENT/WITHDRAWAL:** The undersigned parent(s) or legal guardian(s) of the above-referenced student understands and will fulfill the financial commitment to pay for the educational services the school is providing. I also understand that there are no refunds of registration fees (unless a seat is not available or it is determined the student is not accepted). It is further agreed that withdrawal of a preschool student from CCA **must be in writing, signed by the parent or legal guardian**, and received by the principal no less than one month prior to the student's intended withdrawal. There are no refunds of tuition unless the student's family relocates 25 miles or more due to a job transfer, a serious illness, or death of a parent or legal guardian. _____
- XII. **DEFAULT IN PAYMENTS:** It is understood and agreed that any and all payments are due and payable on the first day of each month. If the tuition is not paid by 3:15 p.m. on the fifth of the month, a late fee of \$20.00 will be charged. If tuition and other incurred monthly charges are not paid by the fifteenth of the month, you may be asked to remove your student from the program. A student whose account is not paid in a timely manner will not be eligible for registration for the following school year and report cards and records will not be released. _____

CALVARY CHAPEL ACADEMY

Dr.
Mr.
Ms.
Mrs.

Tim Flay, Principal

Signature of Parent/Guardian Responsible for Payment

Date

Print Name: _____

Phone No.

How did you hear about CCA?

- ____ Drive By
- ____ Magazine
- ____ CCM
- ____ Friend/Referred by _____
- ____ Website/Facebook
- ____ Sibling
- ____ Other _____

OFF-CAMPUS RELEASE

Concerning: _____
Name of Student

THIS DOCUMENT IS APPLICABLE TO THE PERIOD OF TIME DURING WHICH YOUR CHILD ATTENDS CALVARY CHAPEL ACADEMY.

- I. I authorize Calvary Chapel Academy, by its representative, to obtain any emergency medical care necessary.
- II. I agree that the expense of any medical treatment will not be covered by Calvary Chapel Academy or any of its employees.
- III. I will not hold Calvary Chapel Academy or any of its employees liable for any injury sustained by the student while traveling to, participating in, or returning from any Calvary Chapel Academy function.

IV. I may be reached in case of emergency at: _____
Phone Number

The student is covered by: _____
Name of Insurance Company

Policy Number: _____

V. I understand that every effort will be made to contact me regarding medical treatment authorization. If I am unavailable, please consider the following list of pertinent medical information: (Please include any allergies, last tetanus shot, medication, recent injuries, etc.)

Signature _____ Date _____
Parent/Guardian

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

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known _____
Produced Identification _____
Type _____

CONSENT FOR TREATMENT

THIS DOCUMENT IS APPLICABLE TO THE PERIOD OF TIME DURING WHICH YOUR CHILD ATTENDS CALVARY CHAPEL ACADEMY.

This form is necessary to have on hand in case an emergency arises at the school and treatment must be sought after every effort has been made to contact the parents, guardians, or persons noted on your child's emergency card.

I give permission for _____ to receive treatment by a physician or hospital emergency room personnel in the event that I cannot be reached by phone.

Home Phone

Work Phone

Cell Phone

Signature of Parent/Guardian

Print Name

Please list any medical conditions or allergies below that pertain to your child:

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

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known _____
Produced Identification _____
Type _____

Calvary Chapel Academy

**Walking Field Trip Parental Permission
And
Hold Harmless Release and Indemnification Agreement**

I understand that participation by my child in off-campus field trips may involve walking to reach a destination (example: West Melbourne Library or Rodes Park) and as such, may include risk of injury ranging in severity from mild to severe, even death. Although serious injuries are not common in supervised walking field trips, it is impossible to eliminate the risk.

I/we understand that my child’s participation in Calvary Chapel Academy walking field trips is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child’s participation in Calvary Chapel Academy’s walking field trips. I understand that Calvary Chapel Academy and/or Calvary Chapel Melbourne, their employees, officers, and agents will not be liable for personal injuries and/or property damage as a result of my child’s participation in any of the school’s walking field trips.

I/we, on behalf of myself/ourselves and my/our minor child, agree to release, hold harmless, and indemnify Calvary Chapel Academy and/or Calvary Chapel Melbourne, their employees, officers, and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys’ fees and costs which I or my child may have resulting, either directly or indirectly, from my child’s participation in Calvary Chapel Academy’s walking field trips.

By signing this Agreement, I/we acknowledge that we have read and understand this document, acknowledge the potential for injury, and accept the risk and responsibility of participation in Calvary Chapel Academy’s walking field trips.

Signature _____ Date _____
Parent/Legal Guardian

Signature _____ Date _____
Parent/Legal Guardian

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____, and grant Calvary Chapel Academy or/or Calvary Chapel Melbourne, its employees and agents, full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Signature _____ Date _____
Parent/Legal Guardian

Signature _____ Date _____
Parent/Legal Guardian

Emergency Phone No. _____