

Student Name: _____

VPK Application Process Checklist

- VPK 4-Day

- Completed CCA Application
- VPK Voucher
- Consent for Treatment
- Off Campus Release
- Birth Certificate
- Immunization Record-Blue Card- Expires _____
- Physical Examination-2 years or 1 year- Expires _____
- Parents Web account email
- Hold Harmless



2019-2020 VPK COMMITMENT

FOR OFFICE USE ONLY

REQUIRED DOCUMENTS:

- VPK Voucher _____
- Birth Certificate _____
- Immunization Form _____
- Physical Exam _____

Viera Campus

Date Rec'd _____
Time Rec'd _____
OPTIONAL ACTIVITY FEE \$ _____
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: _____

Father's Email Address: _____

Mother's Full Name: _____ Marital Status: _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Email Address: _____

With whom does the student live?

Relationship to student: _____

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.

Child Custody

(Legal documents must accompany this application.)

If Parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records?

No Yes

If yes, name of parent who may not have equal access: _____

(Written documentation is required prior to enrollment.)

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): _____

Is the student fluent in another language? No Yes If yes, what language? _____

Does the student read and write in this language? No Yes

III. SCHOOL HISTORY:

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

School	Dates and Grades Attended
Address _____	_____
_____	_____

School _____
Address _____
_____ Dates and Grades Attended

Has your child ever been expelled or requested to withdraw from a school? _____ Yes _____ No
Grade _____ School _____ Reason _____
Grade _____ School _____ Reason _____

If you are applying for admission to CCA when the school year is in session, please describe your reasons for withdrawing your child from his/her present school. _____

Has your child ever been retained? _____ Yes _____ No
If yes, specify:
Grade _____ School that retained _____ School where grade repeated _____

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 worked with the following:

Space Coast Early Intervention Center: _____ yes _____ no When _____ Reason _____
Brevard Early Steps: _____ yes _____ no When _____ Reason _____
Child Find: _____ yes _____ no When _____ Reason _____
Easter Seals: _____ yes _____ no When _____ Reason _____
Circles of Care: _____ yes _____ no When _____ Reason _____

Although every effort will be made, Calvary Chapel Academy cannot promise or commit to remediate or address the special needs of a child, whether those special needs are/are not made known to the school by the parent.

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>
VPK Program (4 Day)	M-TH	8:15-12:30 p.m.	\$100.00*

Activity fee for our VPK program, pursuant to the Office of Early Learning policy #OEL-PI-0027-05 is strictly optional. We encourage you to pay the \$100 activity fee as it is used to purchase materials to enhance the students educational experience.

Tuition Fee for 2019-2020

<u>Program</u>	
VPK Program	<i>Paid By State of Florida</i>

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. _____

Permission is hereby granted for the above-referenced student to be screened for specific educational needs. _____

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 this VPK Commitment form and the completed Early Learning Coalition VPK Commitment form **MUST** be completed and on file in the school office before school begins. **Completion of this document is necessary for the student to ensure a space or to be placed on the wait list for the 2019-2020 school year.** _____

_____ Dr.
Tim Flay, Principal Mr.
Ms.
Mrs. _____
Signature of Parent/Guardian Date
Print Name: _____
Phone No. _____

Please Indicate:
How did you hear about CCA?
_____ Drive By /Sign _____
_____ Facebook/Website _____
_____ Local Magazine _____
_____ Friend/Referred by _____
_____ CCM _____
_____ Word Of Mouth _____
_____ 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. _____