

CALVARY CHAPEL ACADEMY-MELBOURNE

2019-2020 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. Before & After Care hourly rate is \$6.00 per hour OR \$12.00 per day flat rate. It is agreed that when your child is not signed in or out properly, the billing system will automatically default to the 7:00 am sign-in time and the 6:00 pm sign-out time, and your CCA account will be billed accordingly. Note: If a parent does not specify that he/she is to be billed at the rate of \$6.00/hour, he/she will be billed at the rate of \$12.00/day. Pick up after 6:00 pm is considered late and a late charge of \$10.00 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: _____ \$12.00 per day flat rate

I wish to be billed: _____ \$6.00 per hour

CALVARY CHAPEL ACADEMY

_____	_____	_____
Tim Flay, Principal	Signature of Parent/Guardian Responsible for Payment	Date
	_____	_____
	Print Name	Phone