Office Use Only

Registration Fee $30.00 per child

Cash _____

Check # _____

Online _____

CALVARY CHAPEL ACADEMY-VIERA

2019-2020 BEFORE & AFTER CARE CONTRACT

Student Name: _____

Entering Grade: _____

Applying for Program:
(*please check one*) 3-year old class _____ After Care (11:45-3:00 pm)
VPK class _____ After Care (12:30-3:00 pm)

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. After Care hourly rate is $6.00 an hour, or $12.00 per day flat rate. Pick up after 3:00 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 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
_____ $ 6.00 hourly rate

CALVARY CHAPEL ACADEMY

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