



REGISTRATION & ENROLLMENT APPLICATION

School Year 2017-2018

Date of Application: ___/___/___ New Re-Enrollment Start Date: ___/___/___

Enrollment Information (Check next to the desired class you wish to register your child.)

- Toddlers:** Full-Time (6:30am-6:00pm) Part-Time (5-1/2 Days) Part-Time (3 Full Days)
K-2: Full-Time (6:30am-6:00pm) Part-Time (5-1/2 Days) Part-Time (3 Full Days)
K-3: Full-Time (6:30am-6:00pm) Part-Time (5-1/2 Days) Part-Time (3 Full Days)
K-4: Full-Time (6:30am-6:00pm) Part-Time (5-1/2 Days) Part-Time (3 Full Days)

VPK Classes: (VPK - Age four before September 1st)

- VPK Plus Wrap Around (6:30am-6:00pm) Part-Time (5-1/2 Days/8:30am-12:30pm) Part-Time (3 Full Days/8:30am-2:30pm)

Food Program Information

Primary Hours of Care Needed: From ___AM/PM To ___AM/PM Days of Week in Care: M T W TH F

Meals Typically Served While in Care (Check all that apply): Breakfast Lunch PM Snack

Student Information

Name (Last) _____ (Middle) _____ (First) _____

Date of Birth ___/___/___ Gender: Male Female Nickname: (If Applicable) _____

Street Address _____ (Apt. #) _____

City _____ State _____ Zip Code _____

Child Lives With Both Parents Father Father/Step-Parent Mother Mother/Step-Parent Other _____

Ethnic Origin: (Optional - used for statistical purposes only). **Check all that apply.**

- Caucasian Hispanic/Latino African American Native American Asian/Pacific Islander East Indian

Parent/Guardian Information

Parent 1: Father Mother Other _____

Parent 2: Father Mother Other _____

Name _____

Name _____

Email Address _____

Email Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Occupation/Title _____

Occupation/Title _____

Joint-Custodial or Non-Custodial Parent Information (Check One) Legal Custody: Joint Non-Custodial

Name _____ Father Mother Other _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____ Work Phone _____

Please check all that apply to Joint-Custodial or Non-Custodial Parent(s):

- May pick up child Is an Emergency Contact Receive CCC Correspondence Court order in place with restrictions

Emergency Contacts and Authorized Pick-Up (In addition to the Parent/Guardian)

To assure each child is picked up or removed from the Calvary Children's Center by authorized persons only, the Center will adhere to the following: ****No child will be released to any person whose name does not have a check marked beside their name in this section.** ****Before any person can remove a child, proper I.D. such as a current Driver's License, must be shown.** **** If there is ever a question as to the identification of any person attempting to remove a child from school, the legal parent or guardian will be notified immediately.** **** In the event of an emergency, the legal parent or guardian may give permission verbally, but only if given directly to the Director or authorized office personnel. This temporary pick up person will not be added to the permanent list unless specified in writing by parent or guardian.**

Emergency Contact

Check Box if Authorized to Pick Up

- 1. Name _____ Relationship _____ Phone# _____
- 2. Name _____ Relationship _____ Phone# _____
- 3. Name _____ Relationship _____ Phone# _____
- 4. Name _____ Relationship _____ Phone# _____

Siblings Enrolled in Calvary (Academy /Preschool)

- 1. Sibling Name _____ Grade _____
- 2. Sibling Name _____ Grade _____
- 3. Sibling Name _____ Grade _____
- 4. Sibling Name _____ Grade _____

Physician and Medical Information (Please update changes immediately)

Child's Physician _____ Phone# _____
Physical Impairments? _____
Any Allergies? _____

Spiritual Information

Are you a Christian? Father: Yes No Mother: Yes No
If yes, what church do you attend? _____ Are you a member? Yes No
Denomination: _____ If not affiliated with a church, would you like information about
Calvary Christian Center? Yes No

Other Information

How did you hear about Calvary Children's Center? _____

Why do you want your child(ren) to attend Calvary Children's Center? _____

What expectations do you have of your child as a student here? _____

Please share any helpful information about child: _____

Parental Authorization and Release

I hereby certify that I am the Parent/Legal Guardian of _____
and give my authorization for the following: (Child's Name)

Please read and initial each section.

PHOTO RELEASE

I give my permission for my child's photograph or video to be taken while he/she is in the care of preschool personnel. Such images may be posted in classrooms or other appropriate places within the Center, used in Center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate my permission at any time in the future.

(Initials)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize the Director of the preschool, or the person in charge in the event of the Director's absence, to give my consent for any and all emergency medical treatment for my child, while said child is in the care of the preschool. In the event of a serious accident or illness, if I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to the hospital for immediate attention. I also assume responsibility for payment of the same.

(Initials)

AUTHORIZATION TO TRANSPORT

In the event of an emergency that requires the preschool to vacate the premises, I hereby authorize the Director of the preschool or the person in charge in the event of the Director's absence, to transport my child to a safe environment until I can be reached.

(Initials)

AUTHORIZATION FOR HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

(Initials)

Policy Acknowledgement and Signature of Receipt

MEDICATION POLICY: All prescription medication must be given to the teacher in charge, along with a completed authorization to dispense the medication. The authorization form will be provided by the Center and must include the correct name of the medicine, the exact dosage, dates and times that medication is to be given. Medication must be in the original container with the name of the doctor, child's name and directions for dispensation written on the label. We will not, as a rule, dispense over-the-counter medications.

HEALTH POLICY: For the protection of our students and staff, we will not accept children presenting any of the following symptoms:

- A temperature of (100.1 or higher)
- Diarrhea or vomiting
- Nasal discharge or discharge from the eyes or ears

Parents should exercise every caution and keep their child at home if any of the above symptoms occur. Following an illness, **your child may return to school after the symptoms have not been present for 24 hours or more.**

A child who becomes ill during the day will be monitored for a period of time by a staff member. If symptoms of illness persist, the parent will be telephoned and asked to pick up the child as soon as possible. We will carefully document the symptoms that your child exhibit at school and provide you with a copy of such documentation.

HEALTH FORMS: Section 65C-22.006(2), F.A.C., requires a current physical examination (DH Form 3040) and immunization record (DH Form 680 or 681) within 30 days of enrollment.

CHILD CARE FACILITY: Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

INFLUENZA VIRUS: Section 402.315(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "INFLUENZA VIRUS".

DISCIPLINARY PRACTICES: Section 65C-22.006(3)2, F.A.C., required that parents are notified in writing of the disciplinary practices used by the child care facility (as specified in Calvary Children's Center Parent Handbook).

RILYA WILSON ACT 39.604. : Section 1002.87(9), F.S requires that parents are notified that Calvary Children's Center complies with the Rilya Wilson Act 39.604 (as specified in Calvary Children's Center Parent Handbook).

PARENT HANDBOOK: I have received the Calvary Children's Center Parent Handbook and will, to the best of my ability, adhere to all the policies and procedures stated therein.

Your signature below indicates that you have acknowledged receipt of the above items, will read, consent to and support policies and procedures. You also attest that the information on this enrollment form is complete and accurate.

Signature of Parent or Legal Guardian

Date



CALVARY CHRISTIAN ACADEMY

HOME OF CALVARY CHILDREN'S CENTER

TUITION PAYMENT AGREEMENT

School Year 2017-2018

Office Use Only: ___ P/T ___ F/T \$_____ Registration Fee Pd. by CK CC Cash ___ ELC ___ EZ CT Tuition: \$_____ FACTS Monthly \$_____ Weekly \$_____ VPK Wrap \$_____ ELC Parent Fee
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Student Name: _____ Enrolled In/Class: _____ Start Date: ___/___/___

Account Holder(s): _____

Mailing Address: _____

Billing Address: (If different from mailing) _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

I am an employee or Pastor of Calvary Christian Center/Academy/Preschool Yes No (Documentation Required)

Any other students enrolled in Calvary Christian Center/Academy/Preschool Yes No

Financial Agreement

The registration fee is due at the time of registration. Tuition fees are due based on one of the following payment plan arrangements made in advance with our Financial Administrator. Registration and tuition fees are Non-Refundable.

Payment Plan:

Pay in full and receive 5% discount on tuition only (due at time of registration)

12 Month payment plan (August through July) using FACTS Tuition Management. FACTS will divide the payments into 12 equal payments with no interest added. You can set up the withdrawals using checking, savings, or credit card account.

Please select the day of processing:

Electronic withdrawal on the 5th of every month (1st payment starting _____)

Electronic withdrawal on the 20th of every month (1st payment starting _____)

Electronic withdrawal on both the 5th and 20th (monthly payment split into 2 payments)

Text by Phone Payments

Private pay _____

ELCFV _____ (You are required to pay the parent co-payment which must be kept current. If co-payment becomes past due over 30 days, ELCFV will be notified and benefits may be revoked.)

I understand the financial agreement outlined above and on the 2017/2018 Tuition and Rates sheet. I agree to be responsible for all cost and fees incurred. I also understand that I am responsible to make all tuition payments regardless of absences due to sickness, vacation or holiday closures.

I understand that tuition accounts must be kept current. **Any payment over 30 days past due will result in the removal of your child from the program until all payments are paid in full.**

Signature of Parent or Legal Guardian

Date