

STUDENT APPLICATION

School Year 20__ - 20__

Application For: Infants Toddler 1 K-2 Program Pre-K 3 Program Pre-K 4 Program
 Pre school Summer Program ages 2-5 Days of Care: Full time 5 days Start Date: ___/___/___

School Age Children: Morning care Program After Care Program Morning/After Care Program Summer Camp

Primary Hours of Care My Child Will Need: _____ am to _____ pm (Estimated drop off and pick up times)

Calvary provides AM & PM snack. It is the parent's responsibility to provide any breakfast or lunch needed for their child.)

Official Use Only: Application Birth Certificate Copy S.S. Card Immunizations Physical Parental Authorization & Agreement
 Authorized Pick Up & Release Office File Authorized Pick Up & Release Classroom File Emergency Treatment & Transportation
 Copies of Parents'/Guardian's Driver's Licenses Quick pull index card

Start Date: ___/___/___ Assigned Teacher: _____ Student PIN# _____ Withdraw Date: ___/___/___

Student's Full Legal Name: _____ **Nickname:** _____

Date of Birth: ___/___/___ Age: _____ Sex: Male Female

Child Resides With: Mother _____ Father _____ Both _____ Other _____

Custody of Child: Mother _____ Father _____ Both _____ Other _____

**It is the responsibility of the parent(s) and/or legal guardian(s) to provide court ordered documentation regarding custody and/or revocation of parental rights. **

FATHER/GUARDIAN

Name _____
 Address _____
 City _____ State ___ Zip _____
 Home Phone # _____
 Cell Phone # _____
 Occupation _____
 Place of Employment _____
 Work Address _____
 Work Phone # _____
 Email _____

MOTHER/GUARDIAN

Name _____
 Address _____
 City _____ State ___ Zip _____
 Home Phone # _____
 Cell Phone # _____
 Occupation _____
 Place of Employment _____
 Work Address _____
 Work Phone # _____
 Email _____

Sibling's Names and Ages

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

In the event of an emergency, and the parents listed above cannot be reached, please contact the following:

Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____

Child's Physician: _____ Phone # _____
 Address: _____
 Child's Dentist: _____ Phone # _____
 Address: _____

Has your child ever attended a daycare or preschool? No Yes If yes, please provide the name and phone number of the previous school(s) _____

Do you attend Church? No yes If yes, where do you attend church? _____

How did you hear about us? _____

Office File

Authorized Pick-Up and Student Release

_____ Date of Birth ___ / ___ / ___
 (Child's Name)

Calvary uses the following criteria to assure each child is picked up or removed from the preschool by authorized persons only:

1. No child will be released to any person whose name does not appear on this Authorization Pick-Up List or has been approved and added by using the authorized addition form.
2. Before any person can remove a child, proper I.D., such as a current Driver's License, must be shown.
3. If there is ever any question as to the identification of any person attempting to remove a child from Calvary the legal parent or guardian will be notified immediately.
4. The legal parent or guardian must give advanced written authorization before any person not appearing on our Authorized Pick-Up List will be allowed to remove a child from Calvary. If they do not give the authorization in person, they must attach a copy of their driver's license with any other form of communication
5. In the event of an emergency, the legal parent or guardian may give above stated permission verbally, but only if given directly to the Administrator or authorized office personnel. This new pick up person will not be added on the permanent list unless you specify.

For your child's protection, THEY WILL NOT be released to an unauthorized persons. Approved picture identification (driver's license) will be required. A list of these persons will be placed in each classroom.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Calvary defines a legal parent or legal guardian to be person(s) who enrolled the child and whose signature is found on the enrollment form. An official birth certificate proving he/she is the legal parent or guardian is also required. In the case where a divorce or legal separation has occurred or is in process, legal court documentation must be presented as proof that he/she has been awarded temporary or permanent custody of the child in question. We will not hesitate to call 911 immediately if any disruptions or disputes develop on school property. The safety of the minor child in our custody will always take top priority in any situation.

This also applies to those allowed to pick up the child from Calvary. Official court documents whose authenticity has been verified, will supersede any other documents received or placed on file.

I hereby authorize all above listed names as active and approved people to pick up my child from Calvary facility.

_____ Date: ___ / ___ / ___
 Parent/Guardian Signature

Medical Condition

Please check and/or list any medical condition your child may have:

Allergies Asthma Diabetes Heart Condition Other: _____

Allergies: _____

If allergic, what are signs/symptoms of allergic reaction/s?

Other Health Condition(s)/Concerns/Medications:

Parental Authorization and Agreement

_____ Date of Birth ___ / ___ / ___
 (Child's Name)

ENROLLMENT AGREEMENT _____ Mother's Initials _____ Father's Initials

I understand that my child is being enrolled at Calvary Christian Academy and will be attending programs for the upcoming school year. By initialing next to each statement, you are indicating you understand and agree to abide by each one.

FINANCIAL AGREEMENT _____ Mother's Initials _____ Father's Initials

I understand that tuition payments are to be paid on a weekly basis and due on Friday preceding the week. Payments are accepted in cash or with a check. Calvary now accepts credit card payments online at www.calvary.tv. I understand that tuition payments that are past due will incur a \$5.00 per week late fee. All tuition accounts must be kept current. Any payment over 10 days old will result in the removal of your child from the program until all payments, including late fees, are paid in full. I understand that a \$25.00 NSF fee will be charged for all returned checks and after a total of 2 NSF charges due to returned checks, tuition payments must be made by cash or credit. **All registration fees and curriculum/activity fees are non-refundable.**

PHOTO RELEASE _____ Mother's Initials _____ Father's Initials

I give my permission for my child's photograph to be taken while he/she is in the care of Calvary personnel. Such images may be posted in classrooms, craft projects, presentations or promotional materials, or distributed to staff. I understand that I may terminate this permission at any time in the future.

AUTHORIZATION FOR OBSERVATION AND SCREENING _____ Mother's Initials _____ Father's Initials

I give my permission for my child to be observed and receive developmental screening which may include vision, hearing, speech, language, motor and developmental skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that the results of these screenings will be shared with me.

INFLUENZA VIRUS _____ Mother's Initials _____ Father's Initials I have received a copy of "The Flu", A Guide for Parents.

AUTHORIZATION TO TRANSPORT IN EMERGENCY _____ Mother's Initials _____ Father's Initials

In the event of an emergency Calvary has my permission to transport my child to a safe facility until I can be reached to pick up my child.

AUTHORIZATION TO TRANSPORT TOO AND FROM SCHOOL AND OR FIELD TRIPS _____ Mother's Initials _____ Father's Initials

Calvary Christian Academy has my permission to transport my child too and from school or on field trips.

PARENTAL PLEDGE AND SUPPORT _____ Mother's Initials _____ Father's Initials

- I have received the **CCA student/parent handbook** and agree to read it in its entirety, and to adhere to the policies of CCA.
- I have read the **CCA illness and medication distribution policy** and agree to adhere and follow the practices and policies as stated.
- I have read the **CCA discipline policy** and agree to adhere, follow and support the practices and policies as stated.
- I understand that my child and I/we must **display a positive attitude** toward the school, staff and peers. I agree to support the staff in this regard.
- I understand that I must **sign my child in and out on a daily basis** and my child will only be released to persons listed on my authorized pick up and release form.
- I have received a copy of the Child Care Facility brochure, **"Know Your Child Care Facility."**

I have received, read, understand, consent to, and support all of the authorizations, pledges and agreements as stated above and as required by Calvary Christian Academy handbook, policies and procedures. If I have questions, it is my responsibility to seek clarification from the Preschool Administration.

Date: ___ / ___ / ___

 Parent/ Guardian Signature



Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at Calvary and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of Calvary to present above stated minor to receive any emergency care needed.

I give permission for Calvary to call my child's physician in case of an emergency. Authorize Ambulatory Transportation YES ___ NO ___

Physician: _____ Physician's Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

On this date, the above person appeared before me and verified that he/she understands and agrees to the above stated parental permission for emergency medical treatment. Dated the _____ day of _____, 20____. Type of ID: Driver's License / Personally Known

Driver's License: State: _____ # _____ County _____

Notary Public Signature _____ My Commission Expires: _____



Classroom File Authorized Pick-Up and Student Release

_____ Date of Birth __ / __ / __
(Child's Name)

For your child's protection, THEY WILL NOT be released to an unauthorized persons. Approved picture identification (driver's license) will be required. A list of these persons will be placed in each classroom.

Mother _____ Work # _____ Cell # _____

Father _____ Work # _____ Cell # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I hereby authorize all above listed names as active and approved people to pick up my child from Calvary facility.

_____ Date: __ / __ / __
Parent/Guardian Signature

Medical Condition

Please check and/or list any medical condition your child may have:

Allergies Asthma Diabetes Heart Condition Other: _____

Allergies: _____

If allergic, what are signs/symptoms of allergic reaction/s?

Other Health Condition(s)/Concerns/Medications:

CALVARY CHRISTIAN



CALVARY CHURCH  WINTER HAVEN, FL

Fee Worksheet

(Child's Name) _____

REGISTRATION FEES

Annual Registration Fee \$70.00 _____ = \$ _____

Summer Camp Registration Fee \$70.00 _____ = \$ _____

REGISTRATION FEES TOTAL \$ _____.

PROGRAM OPTIONS AND TUITION

Full Time – Infant \$155.00 wk _____ = \$ _____

Full Time – Toddler/Two Program \$130.00 wk _____ = \$ _____

Full Time – K-3-Pre-K \$125.00 wk _____ = \$ _____

Before school care Weekly Rate \$35.00 wk _____ = \$ _____

After school Weekly Rate \$65.00 wk _____ = \$ _____

Before and Afterschool Weekly Rate \$ 75.00 wk _____ = \$ _____

Drop in for school age (notification required) \$ 25.00 day _____ = \$ _____

Summer Camp Weekly Rate \$90.00 wk _____ = \$ _____

Summer Camp Daily Rate \$25.00 day _____ = \$ _____

Tuition Sibling/Family Discount 7%, 8%, 9% _____ - \$ _____

BASE WEEKLY TUITION FEE DUE \$ _____.

OFFICE USE ONLY:

Student ID# _____

___ Credit Card online

___ Check

___ Cash

WKLY _____

ELC _____

BI-WKLY _____ MNTHLY _____



We are so pleased that you have chosen Calvary Christian Academy for your child. To assist you with gathering all of the necessary items for enrollment, below you will find a checklist of items that you will need to complete the application process:

- ___ Student Application
- ___ Emergency Treatment and Transportation Form Parental Authorization and Agreement **(To be notarized)**
- ___ Office File Authorized Pick-up and Student Release Form
- ___ Classroom File Authorized Pick-up and Student Release Form
- ___ Physical (original yellow form - HRS Form DH3040)
- ___ Immunizations (original form - HRS Form DH680)
- ___ Copy of Birth Certificate
- ___ Copy of SS Card
- ___ Copies of Parent's Driver's License
- ___ Quick Pull Index Card (office Card) important
- ___ \$ 70.00 Registration Fee (upon payment, a position in the classroom is secured)

If you have any other questions regarding enrollment, please feel free to contact the school office @ (299-3398) or send your questions via email to edingess@calvary.tv