

Name: \_\_\_\_\_

**Preschool Application Process Checklist**

**VIERA**

**M/W**     **T/TH**

**Mon-Thurs.**

- Completed CCA Application
- Consent for Treatment
- Off Campus Release
- Birth Certificate
- Current Immunization Record-Blue Card- Expires\_\_\_\_\_
- Updated Physical Examination-2 years or 1 year- Expires\_\_\_\_\_
- Hold Harmless

# CALVARY

## Chapel Academy

Where Faith and Learning Soar

Monday/Wednesday

Tuesday/Thursday

Monday-Thursday

### VIERA CAMPUS 2020-2021 APPLICATION FOR PRESCHOOL

<b>FOR OFFICE USE</b>	
Date Rec'd _____	
ACTIVITY FEE \$ _____	
Cash _____	On-Line _____
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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

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): \_\_\_\_\_

**III. SCHOOL HISTORY:**

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

School \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Dates and Grades Attended

School \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Dates and Grades Attended

Has your child ever been requested to withdraw from a school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Grade \_\_\_\_\_ School \_\_\_\_\_ Reason \_\_\_\_\_

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 been working with the following agencies:

Brevard Early Steps: \_\_\_\_\_ yes \_\_\_\_\_ no      When \_\_\_\_\_ For \_\_\_\_\_  
Child Find: \_\_\_\_\_ yes \_\_\_\_\_ no      When \_\_\_\_\_ For \_\_\_\_\_  
Easter Seals: \_\_\_\_\_ yes \_\_\_\_\_ no      When \_\_\_\_\_ For \_\_\_\_\_  
Circles of Care: \_\_\_\_\_ yes \_\_\_\_\_ no      When \_\_\_\_\_ For \_\_\_\_\_

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 2020-2021***

<u>Program</u>	<u>Days</u>	<u>Time</u>	<u>Activity Fee</u>
3-Year Old Program	M/W or TU/TH	8:15-11:45 a.m.	\$75
3-Year Old Program	M-TH	8:15-11:45 a.m.	\$75

***Tuition Fee for 2020-2021 will be available January 16, 2020. Please refer to our 2019-2020 tuition fees.***

**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. \_\_\_\_\_

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 registration **MUST** be completed and the following documents **MUST** be on file in the school office: a) completed tuition contract; b) non-refundable activity fee. **Completion of these documents and payment of the activity fee are necessary for the student to ensure a space or to be placed on the wait list for the 2020-2021 school year.** \_\_\_\_\_

- XI. **ACKNOWLEDGEMENT OF FINANCIAL COMMITMENT/WITHDRAWAL:** The undersigned parent(s) or legal guardian(s) of the above-referenced student understands and will fulfill the financial commitment to pay for the educational services the school is providing. I also understand that there are no refunds of registration fees (unless a seat is not available or it is determined the student is not accepted). It is further agreed that withdrawal of a preschool student from CCA **must be in writing, signed by the parent or legal guardian**, and received by the principal no less than one month prior to the student's intended withdrawal. There are no refunds of tuition unless the student's family relocates 25 miles or more due to a job transfer, a serious illness, or death of a parent or legal guardian. \_\_\_\_\_

- XII. **DEFAULT IN PAYMENTS:** It is understood and agreed that any and all payments are due and payable on the first day of each month. If the tuition is not paid by 3:15 p.m. on the fifth of the month, a late fee of \$20.00 will be charged. If tuition and other incurred monthly charges are not paid by the fifteenth of the month, you may be asked to remove your student from the program. A student whose account is not paid in a timely manner will not be eligible for registration for the following school year and report cards and records will not be released. \_\_\_\_\_

- XIII. **PHOTOGRAPHY PERMISSIONS:** \_\_\_\_\_ **Unrestricted Usage:** I give permission for my child's image to be used in print, video, social media, and the school website.  
(Select one) \_\_\_\_\_ **Limited Usage:** I give permission for my child's image to be used in the school yearbook ONLY.

CALVARY CHAPEL ACADEMY

Dr.  
Mr.  
Ms.  
Mrs.

\_\_\_\_\_

Tim Flay, Principal

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

How did you hear about CCA?

\_\_\_\_\_ Drive By/Sign \_\_\_\_\_

\_\_\_\_\_ Local Magazine \_\_\_\_\_

\_\_\_\_\_ CCM \_\_\_\_\_

\_\_\_\_\_ Friend/Referred by \_\_\_\_\_

\_\_\_\_\_ Website/Facebook \_\_\_\_\_

\_\_\_\_\_ Sibling \_\_\_\_\_

\_\_\_\_\_ 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. \_\_\_\_\_