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
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
______________________________________________________________________________________________

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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

<table>
<thead>
<tr>
<th>Program</th>
<th>Days</th>
<th>Time</th>
<th>Activity Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Year Old Program</td>
<td>M/W or TU/TH</td>
<td>8:15-11:45 a.m.</td>
<td>$75</td>
</tr>
<tr>
<td>3-Year Old Program</td>
<td>M-TH</td>
<td>8:15-11:45 a.m.</td>
<td>$75</td>
</tr>
</tbody>
</table>

*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. ______ 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: ______________________________________

The student is covered by: ________________________________

Phone Number

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.______________________________________________