VPK Application Process Checklist

VIERA

☐ VPK 4-Day

☐ Completed CCA Application

☐ ELC Certificate of Eligibility

☐ 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

☐ Survey Questionnaire
2020-2021 VPK COMMITMENT FORM

Viera Campus

I. PERSONAL DATA:

Student’s Name ____________________________________________________________
(Last) (First) (Middle)

Name Student goes by: ______________________________________________________

Male/Female _______ SS Number _____ / _____ / ____ Date of Birth ________________

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: _____________________________

Father’s Email Address: __________________________________________________________

Mother’s Full Name: __________________________________ Marital Status: ______________

Address __________________________________________________________________________
City __________________ State ______ Zip ___________ Home Phone: ________________

Employer: __________________________________ Occupation: _________________________

Work Phone: ________________________ Cell Phone: _____________________________

Mother’s Email Address: __________________________________________________________

With whom does the student live?
________________________________________________________________________________

Relationship to student: __________________________________________________________

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.
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): ______________________________________________ 
__________________________________________________________________________________________________ 

Is the student fluent in another language? □ No □ Yes If yes, what language? ________________________________

Does the student read and write in this language? □ No □ Yes

III. SCHOOL HISTORY:

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

School _________________________________________________  Dates and Grades Attended
Address ________________________________________________
School ________________________________________________  Dates and Grades Attended
Address ________________________________________________

Has your child ever been expelled or requested to withdraw from a school? __________ Yes     __________ No
Grade ________ School _________________________________________  Reason _________________________
Grade ________ School _________________________________________  Reason _________________________

If you are applying for admission to CCA when the school year is in session, please describe your reasons for withdrawing
your child from his/her present school. ________________________________________________________________

Has your child ever been retained? __________ Yes     __________ No
If yes, specify:  Grade ________ School that retained ______________________ School where grade repeated ______________________

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 worked with the following:

Space Coast Early Intervention Center: _______yes_______no   When________________  Reason ___________________
Brevard Early Steps: _______yes_______no   When _______________   Reason ___________________
Child Find: _______yes_______no   When________________  Reason ___________________
Easter Seals: _______yes_______no   When________________  Reason ___________________
Circles of Care: _______yes_______no   When________________  Reason ___________________

Although every effort will be made, Calvary Chapel Academy cannot promise or commit to remediate or address the special needs of a child, whether those special needs are/are not made known to the school by the parent.
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>VPK Program (4 Day)</td>
<td>M-TH</td>
<td>8:15-12:30 p.m.</td>
<td>$100.00*</td>
</tr>
</tbody>
</table>

Activity fee for our VPK program, pursuant to the Office of Early Learning policy #OEL-PI-0027-05 is strictly optional. We encourage you to pay the $100 activity fee as it is used to purchase materials to enhance the students educational experience.

Tuition Fee for 2020-2021

<table>
<thead>
<tr>
<th>Program</th>
<th>Paid By State of Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>VPK Program</td>
<td></td>
</tr>
</tbody>
</table>

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 screened for specific educational needs. _______

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.
REGISTRATION FORMS: The undersigned parent(s) or legal guardian(s) of the above-referenced student understands that this VPK Commitment form and the completed Early Learning Coalition VPK Commitment form MUST be completed and on file in the school office before school begins. **Completion of this document is necessary for the student to ensure a space or to be placed on the wait list for the 2020-2021 school year.**

X. **PHOTOGRAPHY PERMISSIONS:**

(Select one)  
- **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.

Dr.  
Mr.  
Ms.  
Mrs.  

Tim Flay, Principal  
Signature of Parent/Guardian  
Date  

Print Name:  
Phone No.  

Please Indicate:

How did you hear about CCA?

- Drive By /Sign
- Facebook/Website
- Local Magazine
- Friend/Referred by
- CCM
- 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: ________________________________

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.______________________________________________
Survey for VPK Applications

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful school experience. There are no “right” or “wrong” answers. This will help us get to know your child a little before starting school.

**NOTE: This is an important step of the admissions process and your application will not be considered complete until we receive it.**

Child’s Name _________________________________________  Date of Birth _____________

Name Child Prefers To Be Called ___________________________________________________

Daycare/Child Care Facility that child attended before CCA, if any:_______________________

____________________________________________________________________________

**Behavioral/Emotional Development**

Does your child have any particular fears that we should know about?

____________________________________________________________________________

____________________________________________________________________________

Does your child become frustrated easily? _________ If yes, please explain.

____________________________________________________________________________

____________________________________________________________________________

What makes your child angry, and how does he/she express anger?

____________________________________________________________________________

____________________________________________________________________________

What method of discipline do you use with your child? How does he/she respond to it?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

How does your child work through conflict?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

How do you reward your child?

____________________________________________________________________________

____________________________________________________________________________
From the list below, which words would you use to describe your child? Check as many as apply. Feel free to add to the list.

_____ happy    _____ energetic    _____ mischievous    _____ quiet
_____ caring    _____ angry    _____ loving    _____ talkative
_____ affectionate    _____ stubborn    _____ adaptable    _____ impulsive
_____ anxious    _____ cooperative    _____ sensitive    _____ loving
_____ generous    _____ restless    _____ friendly    _____ timid

Others: ___________________________________________________

Sleeping Habits

Does your child have a regular bedtime schedule?       Yes_____            No _____

My child sleeps at night from ______PM to _________ AM.

Does your child have any problems getting to sleep or staying asleep?  _____     If yes, please explain

_______________________________________________________________________
________________________________________________________________________

*Note: Any VPK student who attends aftercare at CCA will be required to lie down for a time of rest from 1-2 PM. The child does not have to go to sleep, but they are required to lay and rest quietly.

Eating Habits

Does your child have a good appetite? ________________________________

What foods are your child’s favorites? ________________________________

Any eating problems we should know about? ___________________________

Parents’ Expectations

What are your goals and expectations for your child at Calvary Chapel Academy?

_______________________________________________________________________
________________________________________________________________________

Do you have any special concerns or questions to which you would like to draw our attention?

_______________________________________________________________________
________________________________________________________________________

Every child is created by God with different personalities, giftings, and needs. If you could describe the perfect teacher for your child, what would he/she be like?

_______________________________________________________________________
________________________________________________________________________

Is there anything else you can tell us about your child that you think will help us support his/her learning?

_______________________________________________________________________
________________________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________