

Student Name: _____

VPK Application Process Checklist

VIERA

VPK 4-Day

- Completed CCA Application
- VPK Voucher
- Consent for Treatment
- Off Campus Release
- Birth Certificate
- Immunization Record-Blue Card- Expires_____
- Physical Examination-2 years or 1 year- Expires_____
- Parents Web account email
- Hold Harmless
- Survey Questionnaire

X. **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.** _____

XI. **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**.

_____ Dr.
Tim Flay, Principal Mr.
Ms.
Mrs. _____
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: _____
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. _____

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 | _____ mischevious | _____ 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?

