

Student Name: _____

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
- IEP, 504, Service Plan, or Psychological Evaluation Yes____ No ____
- Foster Care Placement Letter (If applicable)



Bill To # _____
Student # _____

2021-2022 VPK COMMITMENT FORM

FOR OFFICE USE ONLY

Viera Campus

Date Rec'd _____
Time Rec'd _____
OPTIONAL ACTIVITY FEE \$ _____
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: _____

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: _____

Step-Parent's Full Name: _____ Cell Phone: _____
(If applicable)

Is the student currently in foster care? Yes ___ No ___ (If YES, a placement letter is required.)

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: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ 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 _____

Address _____ Dates and Grades Attended _____

School _____
Address _____
_____ Dates and Grades Attended _____

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

(Written documentation is required prior to enrollment.)

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 2021-2022

<u>Program</u>	<u>Days</u>	<u>Time</u>	<u>Activity Fee</u>
VPK Program (4 Day)	M-TH	8:15-12:30 p.m.	\$100.00*

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 2021-2022

Program
VPK Program *Paid By State of Florida*

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.

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 2021-2022 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.
(Select one) _____ **Limited Usage:** I give permission for my child's image to be used in the school yearbook ONLY.

XII. •Emergency Care Plan instructions: _____
•Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
•Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
•Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
•Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
•Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider. Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

CALVARY CHAPEL ACADEMY

_____ Dr.
_____ Mr.
_____ Ms.
_____ Mrs. _____
Tim Flay, Principal Signature of Parent/Guardian Date
Print Name: _____ Phone _____

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?

