



Crown of Life Christian Academy

Elementary Application 2022-2023

STUDENT INFORMATION

Last Name _____ Gender (Circle) M / F
 First Name _____ Middle Initial _____
 Preferred Name _____ Date of Birth _____
 Address _____
 City _____ State ____ Zip _____
 Home Phone Number _____
 Ethnicity _____
 My Child is enrolling in grade _____

FOR OFFICE USE ONLY

School Year: _____ - _____
 Grade: _____
 Extended Care Days: _____
 Weekly Rate: \$ _____
 Reg. Fees Paid: ____ / ____ / ____
 Book Fees Paid: ____ / ____ / ____
 Enrolled: _____ / ____ / ____
 Received by: _____
 Approved: _____
 (Principal)
 Notes:

MEDICAL INFORMATION

Primary Physician _____
 Phone _____
 Insurance and Policy # _____

Please list any allergies, special medical or dietary needs, or other areas of concern: _____

Please explain any special needs of your child (physical, emotional, academic, etc.): _____

In the event of an accident or illness while at school, Crown of Life Christian Academy will attempt to contact the parents/guardians immediately. If a parent/guardian is not immediately available, I hereby authorize Crown of Life Christian Academy to secure medical attention and care for my child as may be necessary. I understand I am responsible for the cost of care and Crown of Life Christian Academy assumes no liability.

I hereby authorize Crown of Life Christian Academy to transport my child to the nearest medical facility or physician for treatment. I furthermore authorize any licensed physician or medical treatment center to treat my child in case of emergency.

 Parent/Guardian Signature

 Date

CHURCH AFFILIATION

Do you belong to a Church? Yes / No Name of Church _____
 Has your child been baptized? Yes / No Religion _____

FAMILY INFORMATION

Caregiver's Name: _____ Cell #: _____

Address: *(If different from page one)* _____

Employer: _____ Work #: _____

Email Address: _____ Other #: _____

Relationship to child: _____ Lives with child? Yes / No

Caregiver's Name: _____ Cell #: _____

Address: *(If different from page one)* _____

Employer: _____ Work #: _____

Email Address: _____ Other #: _____

Relationship to child: _____ Lives with child? Yes / No

Names of Sibling:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Language/s spoken at home _____

EMERGENCY / ALTERNATIVE CONTACT

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

AUTHORIZED PICK UP

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

Crown of Life Christian Academy (COLCA) has my permission to contact persons listed as emergency contact if parents cannot be located an emergency. COLCA additionally has my permission to release my child to persons listed as emergency contact or authorized pick up. I understand that my child will not be released to anyone except the persons named above. Furthermore, I understand any person picking up my child will be required to show a valid state ID.

Parent/Guardian Signature

Date

REGISTRATION FEE, BOOK FEE, & TUITION

\$ 200 Registration Fee

Registration fee is non-refundable and is used to cover supplies, special activities, etc. Registration fee is due with application.

\$525 Book & Activity Fee

Book fee is non-refundable and is used to cover student textbooks, workbooks, and additional classroom required electronic equipment. Book fee is due with application.

\$7,600 Annual Tuition *(See attached 2022-2023 Tuition Rates page)*

- Sibling Discount of 8% is available for each additional student.
- Annual Payment discount is available for pre-paying tuition. Tuition pre-paid for the full year will be discounted 2.5%.
- Crown of Life Christian Academy accepts scholarships from *Step Up for Students, Family Empowerment, McKay, Gardiner, HOPE, and AAA.*

EXTENDED DAY AM & PM

Extended care is available for students who need to arrive before 8:30 am or stay after 3:30 pm. Extended Care hours are 7:30-8:30 am & 3:30-5:30 pm with a minimum of three days per week. Drop in care is available at \$10/hour per availability. Fees are due at the same time as monthly tuition payments and will be processed through our online billing system. Select your extended day schedule below.

STUDENT EXTENDED DAY SCHEDULE

Extended Days my child will stay:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Hours my child will attend Extended Day.

- 7:30 – 9 am Morning
- 3:30 – 5:30 pm Afternoon
- 7:30am–5:30pm Both Morning & Afternoon

EXTENDED DAY RATES

EXTENDED DAY RATES			
	Morning 7:30 - 8:30 am	Afternoon 3:30-5:30 pm	Both AM & PM 7:30 am-5:30 pm
3 Days	\$ 22	\$ 30	\$ 50
4 Days	\$ 30	\$ 40	\$ 70
5 days	\$ 37	\$ 50	\$ 80
Extended Day Drop In is \$10/hr. Call for daily availability 239-482-7315.			

Rates and policy are subject to correction or change without prior notice. Updated 01/25/2022.

PARENT ACKNOWLEDGEMENT

- I hereby acknowledge that I have access to the Parent Handbook as an online resource. I have read, understand, and agree to abide by the Handbook's discipline and expulsion policy and all other policies and procedures contained therein, and any others that may be issued from time to time.
- I agree to hold harmless and relieve Crown of Life Christian Academy and Crown of Life Lutheran Church, its officers, pastor, and other persons employed by them of any and all liability for injury or accident occurring while on the school or church premises or elsewhere, regardless of the cause.
- I have received, understand, and agree to abide by the schools attendance policy.
- I understand it is the obligation of the Parents/Guardians alone, to keep the child's information current.
- I have received, understand, and agree to abide by the school's tuition, fees, and late payment policy stated in the Parent Handbook, including all terms and conditions.

I verify that all information on this enrollment application is complete and accurate.

Parent/Guardian Signature

Date

PHOTO PERMISSION

I give **Crown of Life Christian Academy** permission to use photos of my child participating in school activities in the school's promotional efforts and/or educational purposes including publications, newsletters, presentations, internet, and other media sources including Facebook and Instagram.

Yes, I give permission.

No, I do not give permission.

Parent/Guardian Signature

Date

ADMITTANCE POLICY

All Crown of Life Christian Academy students will be enrolled for a probationary period of one month. If, after one month there is no reason to exclude them from attendance according to the policy of exclusion, they will be admitted. After 30 days, Crown of Life reserves the right to address any problems and concerns as deemed appropriate, which may lead to disciplinary actions up to and including expulsion.

I, _____ **agree to abide with this policy for** _____.
parent/guardian name *student name*

Parent/Guardian Signature

Date

DOCUMENT CHECK LIST

- Scholarship Acceptance Letter
(if applicable)
- Photo of Child
- Copy of Birth Certificate

- Immunization Record
- FL Health Exam Record
(within one year from enrollment date)

