



Crown of Life Christian Academy Preschool 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 student is: in Diapers in Pull-Ups Fully Potty Trained

FOR OFFICE USE ONLY

School Year: _____ - _____
 Full or Half Days: _____
 Hours: _____
 Weekly Rate: \$ _____
 Fees Paid: _____ / _____ / _____
 Enrolled: _____ / _____ / _____
 Received by: _____
 Approved: _____
 (Preschool Director)
 Notes:

License# C20LE0005

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 attending Crown of Life Christian Academy:

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

STUDENT SCHEDULE

Days my child will attend school.

- 2 days Tuesday & Thursday
- 3 days Monday, Wednesday, Friday
- 4 day Monday - Thursday
- 5 days Monday - Friday

Hours my child will attend school.

- | Arrive@ | Dismiss@ |
|--|---|
| <input type="checkbox"/> 7:30 – 9 am | Before School Care <i>(\$10 addt'l)</i> |
| <input type="checkbox"/> 9 am – 1pm | Preschool OR |
| <input type="checkbox"/> 7:30 am–5:30 pm | Preschool + Extended Day |

REGISTRATION FEE & WEEKLY TUITION INSTALLMENTS

\$100 Registration Fee

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

Weekly Tuition Installments

The total annual tuition is conveniently **divided into 38 weekly installments** rather than charged as a weekly fee. Tuition payments are not prorated for shortened weeks, only for absences accompanied by a doctor's note. Tuition installments are due each Monday morning at time of check in. **No tuition is due** during the school closures over Thanksgiving, Christmas, New Year's, and Spring Break.

Initial _____

TUITION FOR 2 YEAR OLD PRESCHOOL		
	Preschool Tuition 9:00 a.m. – 1:00 p.m.	Tuition + Extended Day 7:30 a.m. – 5:30 p.m.
2 Days	\$150 <i>Tue & Thurs</i>	\$180 <i>Tue & Thurs</i>
3 Days	\$165 <i>Mon, Wed, & Fri</i>	\$210 <i>Mon, Wed, & Fri</i>
4 Days	\$180 <i>Mon - Thurs</i>	\$240 <i>Mon - Thurs</i>
5 days	\$195 <i>Mon - Fri</i>	\$270 <i>Mon - Fri</i>

TUITION FOR 3-4 YEAR OLD PRESCHOOL		
	Preschool Tuition 9:00 a.m. – 1:00 p.m.	Tuition + Extended Day 7:30 a.m. – 5:30 p.m.
2 Days	\$130 <i>Tue & Thurs</i>	\$160 <i>Tue & Thurs</i>
3 Days	\$145 <i>Mon, Wed, & Fri</i>	\$190 <i>Mon, Wed, & Fri</i>
4 Days	\$160 <i>Mon - Thurs</i>	\$220 <i>Mon - Thurs</i>
5 days	\$175 <i>Mon - Fri</i>	\$250 <i>Mon - Fri</i>

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 via crownlifeacademy.com. 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 the State of Florida, Department of Children and Families "Know your Childcare Center" brochure.
 - 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 and fees stated on the rate sheet 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 following school's promotional efforts and/or educational purposes including publications, yearbooks, newsletters, presentations, internet, and other media sources including FaceBook.



Yes, I give permission.

No, I do not give permission.

Crown of Life
CHRISTIAN ACADEMY

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 we deem 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

PARENT CHECKLIST

- Photo of Child
- Copy of Birth Certificate
- Current Immunization Record
- Current Florida Health Exam Record (*within one year from enrollment date*)

