



Crown of Life Christian Academy

VPK 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 _____
 Language/s spoken at home _____

FOR OFFICE USE ONLY

School Year: _____ - _____
 4 or 5 Days: _____ DAY
 Extended Care Days: _____
 Hours: _____
 Weekly Rate: \$ _____
 Fees Paid: _____ / _____ / _____
 Enrolled: _____ / _____ / _____
 Received by: _____
 Approved: _____
 (Preschool Director)

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 _____

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

Daily Schedule: 8:30 am –12:30 pm

Both 4 Day & 5 Day VPK students attend school from 8:30 am—12:30 pm. Teachers will provided a detailed classroom schedule. Students may arrive between 8:15-8:30 am when the school doors open. Students are dismissed from 12:30-12:45 pm. Those remaining on campus will be checked into Extended Care at the hourly rate of \$10/hr.

4 Day VPK

The 4 Day VPK students will attend school Mondays-Thursdays from 8:30 am-12:30 pm.

5 Day VPK

The 5 Day VPK students will attend school Mondays-Fridays officially from 8:30-11:30 am. Students are highly encouraged to attended for an additional hour, until 12:30 pm. However, checking students out at 11:30 am will not impact VPK certification eligibility.

VPK EXTENDED DAY SCHEDULE

My child will attend Extended Days.

- 4 Days; Monday - Thursday
- 5 Days; Monday - Friday

Indicate the days and hours your VPK student will attended Extended Days

Hours my child will attend school.

Arrive@ _____ **Dismiss@** _____

- 7:30 - 8:30 am Morning Extended Day
- 12:30 - 5:30 pm Afternoon Extended Day
- 7:30 am–5:30 pm AM & PM Extended Day

REGISTRATION FEE & WEEKLY RATES

\$100 Registration Fee

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

Weekly Rates

Weekly fees are due each Monday morning at time of check in. **No fees are charged** during school closures over Thanksgiving, Christmas, New Year’s, and Spring Break. Weekly fees are not prorated for shortened weeks, only for absences accompanied by a doctor’s note.

Initial _____

VPK EXTENDED CARE

	4 Day VPK Students 7:30 - 8:30 am & 12:30-5:30 pm	5 Day VPK Students 7:30 - 8:30 am & 12:30-5:30 pm
Weekly	\$110 <i>Mon - Thurs</i>	\$140 <i>Mon - Fri</i>
Hourly	\$10 per hour	\$10 per hour

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.

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 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*)

