



# 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)  
 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 \_\_\_\_\_

## 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
<b>Weekly</b>	\$160 <i>Mon - Thurs</i>	\$175 <i>Mon - Fri</i>
<b>Hourly</b>	\$10 per hour	\$10 per hour

*Rates and policy are subject to correction or change without prior notice. Updated 06/25/2022.*

## 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*)

