



Elementary Application

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 _____
 My Child is enrolling in grade _____

FOR OFFICE USE ONLY

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

HOW DID YOU HEAR ABOUT US

MEDICAL INFORMATION

Primary Physician _____
 Phone _____
 List allergies, special medical needs, dietary needs, or other areas of concern: _____

List unique needs (physical, emotional, academic, etc.) your child has: _____

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

FAMILY INFORMATION

Caregiver's Name: _____ Cell #: _____
Address: *(If different from student's address)* _____
Employer: _____ Work #: _____
Email Address: _____ Other #: _____
Relationship to child: _____ Lives with child? Yes / No

Caregiver's Name: _____ Cell #: _____
Address: *(If different from student's address)* _____
Employer: _____ Work #: _____
Email Address: _____ Other #: _____
Relationship to child: _____ Lives with child? Yes / No

Names of Siblings:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

CHURCH AFFILIATION

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

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 in 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

Registration Fee

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

Book & Activity Fee

Book fee is non-refundable and is used to cover student textbooks, workbooks, additional classroom required electronic equipment, and some school activities. Book & Activity fee is due with the first tuition payment.

Annual Tuition *(See Tuition Rates page)*

Annual tuition can be viewed through your personal online portal. Payments can be made in monthly installments by the 5th of each month. Tuition can also be paid in full at the beginning of the year for a discount. Those students who receive one of the Step Up For Student (SUFS) scholarships shall submit their award letter and verify the applicable quarterly payments within 7 days of notice from the school office.

- Sibling Discount is available for each additional student.
- Tuition pre-paid for the full year will be discounted.
- Crown of Life Christian Academy accepts scholarships from *Step Up for Students, Family Empowerment, McKay, Unique Abilities, 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 an hourly rate per availability; parents must notify the office when drop-in extend care is required. Fees are due at the same time as monthly tuition payments.

PREVIOUS SCHOOL

Has your student previously attended another school? *(Circle)* Yes / No

Most recent school attended _____

Address _____

Phone Number _____ Contact Person _____

Years Attended / Grade Completed _____

List additional schools on separate page.

PARENT ACKNOWLEDGEMENT

- I hereby acknowledge that I have access to the Parent Handbook as an online resource available at www.crownlifeacademy.com. I agree to abide by the Parent Handbook's policies and procedures contained therein. As well as others that may be issued during the academic year.
- 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 agree to abide by CoLCA'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.

(Circle)

Parent/Guardian Signature

Date

ADMITTANCE POLICY

All Crown of Life Christian Academy applicants will be enrolled conditionally pending a review of student records and screening. After student records, screening results, and other student documents have been reviewed, a recommendation will be made to the CoLCA Education Committee. Students will be fully enrolled after formal acceptance has been granted by the Education Committee.

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)*
- Report Card from previous school *(if applicable)*
- Birth Certificate
- Immunization Form
- FL Health Form

