



# Preschool 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 student is:  in Diapers  in Pull-Ups  Fully Potty Trained

**FOR OFFICE USE ONLY**

School Year: \_\_\_\_\_  
 Preschool Rm: \_\_\_\_\_  
 Days: \_\_\_\_\_  
 Rate: \_\_\_\_\_  
 Extended Care: \_\_\_\_\_  
 Rate: \_\_\_\_\_  
 Enrolled: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Fees Paid: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Approved: \_\_\_\_\_  
 (Preschool Director)  
 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

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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*

## PREVIOUS SCHOOL

Has your student previously attended another preschool or childcare center? (Circle) Yes / No

Most recent attended \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Years Attended / Student Age \_\_\_\_\_

*List additional schools on separate page.*

## 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.

|                |                          |
|----------------|--------------------------|
| 7:30 – 9 am    | Before School Care       |
| 9 am – 1pm     | Preschool <i>OR</i>      |
| 9 am – 5:30 pm | Preschool + Extended Day |

Crown of Life Christian Academy is able to accommodate most family schedules by providing half & full days of care. As well as, 2-5 days of care each week. In order to best care for our students with the appropriate number of teachers, let us know which days and times your child will attend preschool.

My child will attend \_\_\_\_\_  
*days & time*

The preschool day begins at 9am and ends at 1pm for half days and 4pm for full days. Students may arrive as early as 8:45am and are picked up within 15 minutes from the time preschool ends (1:15 or 4:15 pm).

The Extended Day begins at 7:30am and ends at 5:30pm. If you choose the full day option, Extended Days are included in the fees. However, you must share your regular weekly schedule with the Preschool Director and classroom teacher before the first day of attendance.

## REGISTRATION FEE & TUITION

### Registration Fee

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

### Tuition

Monthly tuition payments are due by the 5th of each month or in weekly installments for your convenience. However, weekly payments must be schedule with the office. Payments can be paid online (additional fees may apply) or at the school office. *See attached rate sheet for monthly fees.*

## PARENT ACKNOWLEDGEMENT

- I hereby acknowledge that I have access to the Parent Handbook as an online resource available at [www.crownlifeacademy.com](http://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.

*(Circle Yes or No)*

**Yes, I give permission.**

**No, I do not give permission.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## ADMITTANCE POLICY

**All Crown of Life Christian Academy applicants will be enrolled for a probationary period of one month.** After one month of attendance, the Preschool Director will review the student's file, teacher observations, and parent feedback to determine if Crown of Life Christian Academy (CoLCA) is able to meet the student's needs. The Preschool Director may also meet with the family to determine if CoLCA continues to be a good fit for both the family and the academy.

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

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## DOCUMENT CHECK LIST

- Birth Certificate
- Immunization Form
- FL Health Form
- VPK Certificate *(Signed)*
- Distracted Adult Form *(Signed in Sept & April)*
- Influenza Form *(Signed Aug or Sept)*

