



# VPK / Pre-Kindergarten 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 *(Circle)* VPK / Pre-Kindergarten  
*(Circle)* 4Day / 5 Day

**FOR OFFICE USE ONLY**

School Year: \_\_\_\_\_ - \_\_\_\_\_  
 4 or 5 Days: \_\_\_\_\_  
 Extended Care Days: \_\_\_\_\_  
 Hours: \_\_\_\_\_  
 Weekly Rate: \$ \_\_\_\_\_  
 Reg. Fee Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Other Fees Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Enrolled: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Received by: \_\_\_\_\_  
 Approved: \_\_\_\_\_  
*(Preschool Director)*  
 Notes:

*License # C20LE0005*

## 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*

## FEES & TUITION

### **Registration Fee**

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

### **Activity Fee**

Activity fee is non-refundable and is used to cover classroom supplies, materials, special equipment, and some school activities. Activity fee is included with the monthly tuition payment.

### **Pre-Kindergarten Annual Tuition**

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 present the VPK Certificate will receive a scholarship (*see Tuition Rates*).

## STUDENT SCHEDULE

### **Daily Schedule**

Teachers will provide a detailed classroom schedule.

All VPK and Pre-Kindergarten classes begin school at 8:30 am. Students are dismissed according to their individual class schedules. Students may arrive between 8:15-8:30 am when the school doors open. Students are dismissed for 15 minutes from the time class ends. Those who arrive before 8:15 am and/or remain on campus beyond the 15 minutes 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.

### **4 Day Pre-Kindergarten**

The 4 Day Pre-K students will attend school Mondays-Thursdays from 8:30 am-3:30 pm.

### **5 Day VPK**

The 5 Day VPK students will attend school Mondays-Fridays from 8:30-11:30 am.

Students are dismissed before the lunch.

### **5 Day Pre-Kindergarten**

The 5 Day Pre-K students will attend school Mondays-Fridays from 8:30 am-3:30 pm.

## 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 & 12:30-5:30 pm for either 4 or 5 days per week depending on student schedule. Drop in care is available at an hourly rate of \$10 per availability; parents must notify the office when drop-in extended care is required. Fees are due at the same time as monthly tuition payments.

## 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, I give permission.**

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

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

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

## ATTENDANCE POLICY

**All Crown of Life Christian Academy students are expected to attend school regularly and on time.** Regular attendance is the responsibility of the family. CoLCA believes that consistent school attendance is essential for academic success and all absences affect learning. Families are asked to contact the school office (239-482-7315) to report all absences. Students who arrive more than 15 minutes early or remain more than 15 minutes after dismissal will be assessed an extended day drop-in fee.

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*)

