

# Crown of Life Christian Academy Elementary Application



## CHILD INFORMATION

Last Name \_\_\_\_\_ Gender (Circle One) M / F  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
School Year	_____ - _____
Grade:	_____
VPK:	_____
3-4:	_____
2-3:	_____
Enrolled	____ / ____ / ____
Fees Paid	____ / ____ / ____
Check No.	_____
Start Date	____ / ____ / ____

Child Lives With:  Both Parents  
(Please Check One)  Single Parent (Please Name) \_\_\_\_\_  
 Guardian (Please Name) \_\_\_\_\_

My child has attended a previous school/childcare center: yes \_\_\_\_\_ no \_\_\_\_\_  
Name of school \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Language(s) spoken at home \_\_\_\_\_

Church Affiliation  
Do You Belong to a Church? (Circle One) Yes / No If Yes, Name of Church \_\_\_\_\_  
Has your child been baptized? (Circle One) Yes / No

## MEDICAL INFORMATION

Primary Physician \_\_\_\_\_  
Phone \_\_\_\_\_  
Insurance and Policy # \_\_\_\_\_

Please list any allergies, special medical or dietary needs, or other areas of concern:  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an accident or illness while at school, Crown of Life Christian Academy will attempt to contact the parents/guardians immediately. In the event that 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 \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Caregiver's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Names of Brothers and Sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Please explain any special needs of your child (physical, emotional, academic, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**PICK-UP INFORMATION**

Persons authorized to pick up your child:

Name \_\_\_\_\_  
Home Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Home Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Home Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Home Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

The persons listed above have my permission to pick up my child from Crown of Life Christian Academy and may be called in an emergency if parents cannot be located. 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 driver's license.

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

\_\_\_\_\_  
Date

**Attendance Policy**

I have read and will abide by Crown of Life Christian Academy's Attendance Policy.

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

\_\_\_\_\_  
Date

### Parent Acknowledgement

- *I hereby acknowledge that I have access to the Parent Handbook via crownlifeacademy.com. I have read, understood, and agreed to abide by the Handbook's discipline policy, uniform 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 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 also 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). Please check one:

Yes, I give permission.

No, I do not give permission.

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

\_\_\_\_\_  
Date

### Admittance Policy

**All Academy children will be enrolled for a probationary period for 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, (Parent's name) \_\_\_\_\_ agree with this policy for (Child's name) \_\_\_\_\_ and will abide by it.**

\_\_\_\_\_  
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)
- \_\_\_\_ Step Up for Students Acceptance Letter (if applicable)

