

Crown of Life Christian Academy Preschool/VPK 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 _____

FOR OFFICE USE ONLY	
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 preschool/childcare center: yes _____ no _____
Name of preschool/childcare center _____ 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

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 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)
- ____ Voucher (for VPK students only)

