CONNECT Christian Academy 2020-2021 Enrollment Form Two-year olds (age 2 before Sept. 1, 2020)

License # C01SR0046

Student Information:			
Date of Birth:	Sex:	Date of Enro	ollment:
Full Name:			
Last	First	Middle	Nickname
Child's Physical Address:			
Family Information:			
		Parent/Guardian:	
Relationship to child:		Relationship to child:	
Address:		Address:	
Email:		Email:	
Home Phone:			
Cell Phone:	·	Cell Phone:	
Employer:		Employer:	
Address:		Address:	
Work phone:		Work Phone:	
Custody: Mother:	Father:	Both:	Other:
Medical Information:			
I hereby grant permission for t medical care if warranted. I un	•	_	al personnel to obtain emergency transported/treated my EMS.
Doctor:	Address:		Phone:
Dentist:	Address:		Phone:
Hospital Preference:			
Please list any allergies, spe	cial dietary needs, or oth	ner areas of concern:	
Emergency Care Plan Instru emergency (if applicable):	ctions including symptor	ns, medication, and notif	fication in the actual event of an

Emergency Contacts/Authorized Pick Up:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people could also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
	he Child Care Facility Handbook, require a cur ation record (Form 680 or 681) within 30 days	·
	Care Facility Handbook, requires that parents ow Your Child Care Facility" (CF/PI 175-24),	receive a copy of the Child
	Care Facility Handbook, requires that parents a policies used by the child care facility.	are notified in writing of the
	llowing items on the preschool website (www.eld trip, and discipline policy.	clc.life/academy): Flu/sick policy, snack policy (in
·	ool by 10:00 am of a childs absence. Absences es (please ask to join), or by phone (850) 916-7	•
*Some children in the pres immuninzations are not at	•	eing Religious Exempt. The children who have had
* I UNDERSTAND THAT RE payment form on file at al		d that I must fill out and keep a Tuition Express
•	ell Child Physical Examination form and Floric s updated. Returning students must keep the	da Immunization Record of my child within 30 se forms updated at all times.
*I understand that in case	of emergency, my child will be transported/t	reated by EMS.
*I provide consent for COI	NNECT Christian Academy Personnel to have	access to my child's records.
Yes No YesNo	If you are a returning family, is your address _Do you currently attend church services at C _Can your child be photographed for advertisin My child can go on in-house field trips.	
		the above items and that the information on this or the staff of this facility to have access to my
Signature of Parent/Guard	 lian	 Date

CONNECT Christian Academy 2020-2021 SCHOOL YEAR RATES

A non-refundable registration/supply fee of \$100/child is required and will be processed through Tuition Express upon registration. Tuition fees are based on an annual rate and divided equally over 10 months, August - May. Tuition fees are processed through Tuition Express the first business day of each month August - May.

Two-year olds

(age 2 before Sept. 1, 2020)

PLEASE CHECK ONE OPTION:

OPTION 1: PART-TIME*

*Extended Care available 7:00-9:00 and 5:30pm, billed at \$4 per 30 minutes

5 days: Monday – Friday $(9:00 \text{ am} - 1:00 \text{ pm}) = \370 per month
3 days: Monday/Wednesday/Friday (9:00 am – 1:00 pm) = \$260 per month
2 days: Tuesday/Thursday (9:00am – 1:00pm) = \$200 per month
OR
OPTION 2: FULL-TIME
5 days – Monday – Friday (7:00am – 5:30pm): \$630 per month
3 days- Monday/Wednesday/Friday (7:00am – 5:30pm): \$415 per month
2 days – Tuesday/Thursday (7:00am – 5:30pm): \$305 per month