

# CONNECT Christian Academy 2020-2021 Enrollment Form

## VPK (age 4 by Sept. 1, 2020)

License # C01SR0046

### Student Information:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

### Family Information:

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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 the staff of the facility to contact the following medical personnel to obtain emergency medical care if warranted. I understand that in case of emergency, my child will be transported/treated by EMS.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

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

Emergency Care Plan Instructions including symptoms, medication, and notification in the actual event of an emergency (if applicable):

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

**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:

**(At least 2 names, including addresses and phone numbers, are required)**

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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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\*Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

\*Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),

\*Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

\*Parents will review the following items on the preschool website ([www.clc.life/academy](http://www.clc.life/academy)): VPK attendance policy, Flu/sick policy, snack policy (in the handbook) In-house field trip, and discipline policy.

\*Parent will notify the school by 10:00 am of a child's absence. Absences can be pre-arranged, submitted through our private class facebook pages (please ask to join), or by phone (850) 916-7496.

\*Some children in the preschool may not have all immunizations due to being Religious Exempt. The children who have had immunizations are not at risk.

\* I UNDERSTAND THAT REGISTRATION FEES ARE NON-REFUNDABLE and that I must fill out and keep a Tuition Express payment form on file at all times.

\*I will provide a Florida Well Child Physical Examination form and Florida Immunization Record of my child within 30 days and keep these forms updated. Returning students must keep these forms updated at all times.

\*I understand that in case of emergency, my child will be transported/treated by EMS.

\*I provide consent for CONNECT Christian Academy Personnel to have access to my child's records.

Yes\_\_\_ No\_\_\_ If you are a returning family, is your address a change from last year?

Yes\_\_\_ No\_\_\_ Do you currently attend church services at Community Life Church?

Yes \_\_\_ No \_\_\_ Can your child be photographed for advertising purposes including print, website and social media?

Yes\_\_\_ No\_\_\_ My child can go on in-house field trips.

Your signature below indicates that you have read and give consent to the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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Signature of Parent/Guardian

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Date

**CONNECT Christian Academy**  
**2020-2021 SCHOOL YEAR RATES**

A non-refundable registration/supply fee of \$100/child is required for all full-time students and will be processed through Tuition Express upon registration. There is no monthly or registration fee for VPK students using the VPK voucher issued by the State of Florida. 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.

**VPK**

(age 4 by Sept. 1, 2020, with VPK voucher)

**VPK Instructional Hours are Monday – Friday, 9:00am – 12:00pm**

\*Lunch Bunch is a special time for VPK students to enjoy lunch and free play with their friends and teachers each day from 12:00pm – 1:00pm. (Please note, lunch is not included)

PLEASE CHECK ONE OPTION:

**OPTION 1: PART-TIME\***

\*Extended Care available 7:00am-9:00am and 1:00pm-5:30pm, billed at \$4 per 30 minutes

**5 days: Monday – Friday (9:00 am – 12:00 pm) = No monthly fee**

**5 days: Monday – Friday, with Lunch Bunch (9:00am – 1:00pm) = \$50/month\***

Lunch Bunch is available for \$50/month unlimited, or at a rate of \$5/day

\*No registration fee required for part time, Lunch Bunch students

**OR**

**OPTION 2: VPK with Wrap Around Care**

**5 days – Monday – Friday (7:00am – 5:30pm): \$350 per month\***

\*Requires \$100 registration fee and includes Lunch Bunch