

II. MEDICAL INFORMATION:

Name of physician: _____ Phone: _____

Insurance Provider: _____ Group Number: _____

Policyholder's Name: _____ Policy Number: _____

In the event of an emergency, the name and phone number to call if parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Special physical problems of student: _____

List any allergies (i.e. medical, etc.): _____

Is your child taking regular medication for any purpose? Yes _____ No _____

If yes, please specify medication and explain (medication/dosage): _____

III. SCHOOL HISTORY:

List the schools the student has previously attended (name and full address with zip code):

School _____	_____
Address _____	Dates and Grades Attended _____
_____	_____

School _____	_____
Address _____	Dates and Grades Attended _____
_____	_____

Has your child ever been suspended from school? _____ Yes _____ No

If yes, specify the following:

Grade _____ School _____ Reason _____

Grade _____ School _____ Reason _____

If more than twice, please provide additional information on an attached page.

Has your child ever been expelled or requested to withdraw from a school? _____ Yes _____ No

Grade _____ School _____ Reason _____

Grade _____ School _____ Reason _____

If more than twice, please provide additional information on an attached page.

If you are applying for admission to CCA when the school year is in session, please describe your reasons for withdrawing your child from his/her present school. _____

Has your child ever been retained? _____ Yes _____ No

If yes, specify:

Grade _____ School that retained _____ School where grade repeated _____

Grade _____ School that retained _____ School where grade repeated _____

Why have you selected CCA for your child's education? _____

Please specify if your child has ever been tested for the following:

ADD _____ When _____ By whom _____

Test results _____

ADHD _____ When _____ By whom _____
Test results _____

Speech _____ When _____ By whom _____
Test results _____

Hearing _____ When _____ By whom _____
Test results _____

Vision _____ When _____ By whom _____
Test results _____

Dyslexia _____ When _____ By whom _____
Test results _____

LD _____ When _____ By whom _____
Test results _____

SLD _____ When _____ By whom _____
Test results _____

Gifted _____ When _____ By whom _____
Test results _____

Please specify if your child currently has any of the following:

IEP _____ School Name/Location _____
School District _____
Is the IEP current? _____yes_____no

AIP _____ School Name/Location _____
School District _____
Is the AIP current? _____yes_____no

504 _____ School Name/Location _____
School District _____
Is the 504 current? _____yes_____no

ESOL/
LEP _____ School Name/Location _____
School District _____
Is the ESOL current? _____yes_____no What languages? _____

PMP _____ School Name/Location _____
Is SP current? _____yes_____no

OTHER _____ Name/type plan? _____
School name _____
School district _____

Have modifications, accommodations, and/or interventions ever been made for you child? _____yes_____no
If yes, please provide a description of modifications, accommodations, and/or interventions including the grade(s), during which they were made:

Please specify if your child has ever been referred to or been working with the following agencies:

Brevard Early Steps: _____yes_____no When _____ For _____
 Child Find: _____yes_____no When _____ For _____
 Easter Seals: _____yes_____no When _____ For _____
 Circles of Care: _____yes_____no When _____ For _____

IV. BILLING INFORMATION:

Name of person responsible for this student’s tuition and other expenses:

Address _____
 City _____ State _____ Zip _____ Home Phone: _____

Financial information may also be released to:

Name: _____ Phone: _____
 Name: _____ Phone: _____

Activity/Registration Fee for 2012-2013

<u>Program</u>	<u>Days</u>	<u>Time</u>	<u>Fee</u>
3-Year Old Program	M/W or TU/TH	8:30-11:30 a.m.	\$75.00
VPK Program	M-F	8:30-11:30 a.m.	\$100.00*
Kindergarten		8:15-1:30 p.m.	\$200.00
First-Fourth Grade		8:15-3:15 p.m.	\$300.00
Fifth-Sixth Grade		8:15-3:15 p.m.	\$300.00
Seventh-Eighth Grade		8:15-3:15 p.m.	\$350.00

*Activity fee for our VPK program, pursuant to the Office of Early Learning policy #OEL-PI-0027-05, is strictly voluntary
 K-8 Grade New Students are required to pay a \$75.00 Application Fee
 1-8 Grade New Students are required to pay a \$25.00 Testing Fee

Tuition Fee for 2012-2013

<u>Program</u>	<u>1st Child</u>	<u>2nd/3rd Child</u>	<u>4th/and Up Child</u>
3-Year Old Program	\$139.00	\$124.00	\$111.00
VPK Program	<i>Paid By State of Florida</i>		
Kindergarten	\$332.00	\$299.00	\$266.00
First-Sixth Grade	\$449.00	\$404.00	\$360.00
Seventh-Eighth Grade**	\$490.00	\$440.00	\$392.00

**Eighth graders will be billed a graduation fee in February of 2013

In the event my child is accepted for admission to CCA, I agree to the following: (Please initial following each item.)

V. STUDENT/PARENT AGREEMENT: The undersigned parent(s) or legal guardian(s) of the above-referenced student agrees to abide by the policies, procedures, and rules set forth by CCA, and further recognizes the school’s right to establish rules and provide for their enforcement. _____

Permission is hereby granted for the above-referenced student to be photographed for the purpose of possible use in marketing and/or advertising publications. This permission is applicable for current, as well as future project use. _____

Permission is hereby granted for the above-referenced student to be screened for specific educational needs. _____

Be advised that your child may be assessed for delayed standard development and/or growth using the Gesell Developmental Observation method if/when it is perceived necessary by the CCA teacher and administration. _____

Use of the Internet is a privilege, not a right. Our Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege, as well as appropriate consequences as outlined in the CCA Family Handbook. Permission is hereby granted for the above-referenced student to access the Internet during class time under the supervision of a faculty member at CCA. _____

- VI. AUTHORIZATION FOR EMERGENCY CARE: The undersigned parent(s) or legal guardian(s) of the above-referenced student authorize officials of CCA/Calvary Chapel Melbourne to contact directly the persons named on an emergency information card maintained in the school office and authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the child. In the event the physician(s), other persons named above, or parent/guardian cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. Further, the undersigned parent(s) or legal guardian(s) of the above-referenced student will not hold CCA/Calvary Chapel Melbourne financially responsible for the emergency care and/or transportation for the above-referenced student. This authorization shall remain effective while the child is enrolled in CCA, unless sooner revoked in writing and delivered to CCA/Calvary Chapel Melbourne. _____
- VII. REGISTRATION FORMS: The undersigned parent(s) or legal guardian(s) of the above-referenced student understands that registration MUST be completed and the following documents MUST be on file in the school office: a) completed application; b) non-refundable registration fee. **Completion of these documents and payment of the registration fee are necessary for the student to ensure a space or to be placed on the wait list for the 2012-2013 school year.** _____
- VIII. ACKNOWLEDGEMENT OF FINANCIAL COMMITMENT/WITHDRAWAL: The undersigned parent(s) or legal guardian(s) of the above-referenced student understands and will fulfill the financial commitment to pay for the educational services the school is providing. I also understand that there are no refunds of registration fees (unless a seat is not available or it is determined the student is not accepted). I further understand there are no refunds of tuition unless the student's family relocates 25 miles or more due to a job transfer, a serious illness, or death of a parent or legal guardian. Withdrawal of a student for any other reason will result in being charged full tuition for any semester in which the student attended CCA. _____
- IX. DEFAULT IN PAYMENTS: It is understood and agreed that any and all payments are due and payable on the first day of each month. If the tuition is not paid by 3:15 p.m. on the fifth of the month, a late fee of \$20.00 will be charged. If tuition and other incurred monthly charges are not paid by the fifteenth of the month, you may be asked to remove your student from the program. A student whose account is not paid in a timely manner will not be eligible for registration for the following school year and report cards and records will not be released. _____

CALVARY CHAPEL ACADEMY

Dr.
Mr.
Ms.
Mrs.

Lynn A. Rogers, Principal

Signature of Parent/Guardian Responsible for Payment

Date

Print Name: _____

Phone No.

How did you hear about CCA?

- ____ Drive By
 ____ Newspaper
 ____ Radio
 ____ Referred by _____
 ____ Web Site
 ____ Yellow Pages
 ____ Other _____

SPIRITUAL COMMITMENT

A. Our home meets the following parental criteria:

At least one parent/guardian is a practicing follower of Jesus Christ and is an active member of a local Bible believing church.

Can affirm the following:

God is the Creator, Preserver, and the Controller of the universe. There is one God in three persons: Father, Son and Holy Spirit (Matt. 3:16-17).

Man is created in the image of his Holy and Righteous Creator and is a fallen creature who can only be restored in Christ (Gen. 1:26, Romans 3:23).

The Scripture of the Old and New Testaments, as originally given, is the inerrant Word of God, the only infallible rules of faith and practice (2 Tim. 3:16-17).

Salvation is by grace through faith - and that not of ourselves, it is the gift of God - not by works, that no one should boast. For we are God's workmanship, created in Christ Jesus for good works, which our God prepared beforehand, that we should walk in them (Eph. 2:8-10).

Parent/Guardian Signature

B. Church Affiliation:

Name of Church: _____

Address: _____

Pastor's Name: _____

Phone Number: _____

Attendance: _____ Weekly _____ Frequent _____ Infrequent

PARENT/GUARDIAN COMMITMENT

1. I have read and understand the school's Christian philosophy of education and its statement of faith, and I am in agreement with the purpose and philosophy of Calvary Chapel Academy.
2. I, as parent/guardian, accept the challenge to "train up a child in the way he should go" (Proverbs 22:6), and state that this training will be carried on in the home. I place my trust in Calvary Chapel Academy to extend that training more completely.
3. I do hereby state that I have made a thorough investigation of the school's program, curriculum, discipline, dress code, etc., and agree to make it our glad-hearted choice.
4. I understand that I have an obligation to be actively involved in the education of my child. I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study, and to give my child encouragement in the completion of homework assignments.
5. I will faithfully support the school through prayer and positive attitude, and in keeping with Matthew 18:15, I am committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of by using the school's chain of command.
6. I understand that the standard of Calvary Chapel Academy does not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.
7. I believe that discipline is necessary for the benefit of each student as well as for the entire school, and I give permission to the teachers and administration to enforce school regulations in a matter consistent with Christian principles. I further agree that I will cooperate and discipline my child in the home as needed.
8. I pledge that if, for any reason, my child does not respond favorably to the school, I will do everything in my power to cooperate with the school to help my child make the necessary adjustments. If these adjustments cannot be made, then I agree to quietly withdraw my child.
9. I understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of other personal property.
10. I will support the school by involvement in Parent-Teacher Conferences, Parent-Teacher Fellowship activities, and other school-sponsored meetings and activities.
11. I give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises. I understand that the school does not provide student medical insurance and that it is our responsibility to provide our own.
12. I understand and will fulfill my financial commitment to pay for the educational services the school is providing for our child. I also understand that there are absolutely no refunds on registration fees (unless a seat is not available or it is determined the student is not accepted).
13. I understand the Refund Policy as stated in the Parent/Student Handbook.
14. I sincerely give my pledge to the above items. I understand that failure to comply with the established regulations and discipline, parent commitment, or failure to meet financial obligations will forfeit my child's privilege of attending Calvary Chapel Academy.

Parent/Guardian Signature

Date

Print Name

CONSENT FOR TREATMENT

THIS DOCUMENT IS APPLICABLE TO THE PERIOD OF TIME DURING WHICH YOUR CHILD ATTENDS CALVARY CHAPEL ACADEMY.

This form is necessary to have on hand in case an emergency arises at the school and treatment must be sought after every effort has been made to contact the parents, guardians, or persons noted on your child's emergency card.

I give permission for _____ to receive treatment by a physician or hospital emergency room personnel in the event that I cannot be reached by phone.

Home Phone

Work Phone

Cell Phone

Signature of Parent/Guardian

Print Name

Please list any medical conditions or allergies below that pertain to your child:

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known _____

Produced Identification _____

Type _____

OFF-CAMPUS RELEASE

Concerning: _____
Name of Student

THIS DOCUMENT IS APPLICABLE TO THE PERIOD OF TIME DURING WHICH YOUR CHILD ATTENDS CALVARY CHAPEL ACADEMY.

- I. I authorize Calvary Chapel Academy, by its representative, to obtain any emergency medical care necessary.
- II. I agree that the expense of any medical treatment will not be born by Calvary Chapel Academy or any of its employees.
- III. I will not hold Calvary Chapel Academy or any of its employees liable for any injury sustained by the student while traveling to, participating in, or returning from any Calvary Chapel Academy function.
- IV. I may be reached in case of emergency at: _____
Phone Number
The student is covered by: _____
Name of Insurance Company
Policy Number: _____
- V. I understand that every effort will be made to contact me regarding medical treatment authorization. If I am unavailable, please consider the following list of pertinent medical information: (Please include any allergies, last tetanus shot, medication, recent injuries, etc.)

Signature _____ Date _____
Parent/Guardian

Sworn to and subscribed before me this ____ day of _____, _____

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known _____
Produced Identification _____
Type _____



REQUEST/AUTHORIZATION TO RELEASE SCHOOL RECORDS

Please supply complete information:

Student Name _____ Grade _____ Birth Date _____

Name of School Coming From _____

Street Address _____

City _____ State _____ Zip Code _____

I. Parental Permission to Contact Previous School

I give permission to a designated representative of Calvary Chapel Academy (CCA) to contact any school previously attended by this child and inquire concerning the child’s behavior, attendance, and academic performance, as well as the extent of my own cooperation with the school’s contact.

II. Parental Permission to Release Student Records

Upon acceptance at CCA, I hereby authorize the above listed school to release to CCA any and all school records including academic, medical, and confidential, on the above-named student.

Signature of Parent/Guardian _____ Date _____

III. School Request of Records

The above named student has enrolled in our school. Please forward the following information:

- Cumulative School Record (Please send all available records from K-8)
- Psychological Record
- Health Record and Immunization Certificate
- Other

**SEND ALL RECORDS TO: Calvary Chapel Academy
Attn: Admissions
2955 Minton Road
West Melbourne, FL 32904**

ACADEMIC REFERENCE

Calvary Chapel Academy
2955 Minton Road
West Melbourne, FL 32904
(321) 729-9922
Fax (321) 215-9478

Name of Student _____

Grade _____ Today's Date _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR, COUNSELOR, OR TEACHER

The student named above is a candidate for enrollment to Calvary Chapel Academy. We would appreciate your evaluation of the student. Please assist us by completing the following information and returning it to our school office at the address above. If you have any questions or concerns regarding the school or the above-named student, please feel free to call the school office at the above number. *Your comments will be held in confidence. Your input and rapid response are appreciated, as further enrollment consideration can not proceed until this information is available.*

How long have you known the applicant and in what capacity? _____

Please comment on the applicant's noteworthy interests, talents, and abilities _____

In your opinion, what three words describe this applicant best? _____

From your observations, did the applicant support the values of your school? ___Yes ___No

Please rate this student in the following areas:

	Outstanding	Excellent	Average	Below Average	Poor	Insufficient Evidence
Reading						
Writing						
Math						
Study Habits						
Achievement						
Originality						
Integrity						
Self-Discipline						
Perseverance						
Concern for Others						
Reaction to Criticism						
Respect for Faculty						
Tolerance of Others						
Common Sense						
Energy						
Imagination						
Leadership						
Peer Compatibility						
Sense of Humor						
Self-Esteem						

Academic Reference continued...

Please describe anything unusual or exceptional about this student that you feel deserves special consideration:

Please provide your overall recommendation regarding the student's qualifications for admission to Calvary Chapel Academy by checking one of the following:

RECOMMENDATION

With Enthusiam With Confidence With Reservations (explain below)

Your Name _____

Position/Title _____

School Name _____

School Address _____ City _____ State _____ Zip _____

School Phone Number _____

Signature _____ Date _____

STUDENT PROFILE

Calvary Chapel Academy

Help us get to know you!

To be completed by the student applicant in his/her own handwriting (Grades 4-8 only)

Full Name _____ Nickname _____

How old are you? _____ When is your birthday? _____ What grade are you entering? _____

Do you want to attend Calvary Chapel Academy? yes no

Explain why or why not: _____

Are you a Christian and accepted Jesus Christ in your heart as your personal Lord and Savior? yes no

If yes, explain how you accepted the Lord: _____

Write a brief statement below telling what you believe about the Bible and what it means to be a Christian.

How often do you read the Bible? Daily Once a week Occasionally Only at church Never

Are your friends aware that you are a Christian? Yes No Are most of your friends Christians? Yes No

How would you describe your relationship with your parents: Excellent Good Fair Poor

What is your favorite movie? _____

What is your favorite book? _____

What is your favorite website? _____

Who are your heroes? _____

During free time, what is your favorite thing to do? _____

Who do you admire? _____ Why? _____

Tell us about your best friends, what are they like? _____

Please list your pets and their names _____

Student Profile continued...

Do you play a musical instrument? Yes No If yes, what instrument(s)? _____

What is your favorite sport? _____

Are you interested in playing on the athletic team at Calvary Chapel Academy? Yes No
If yes, what sport(s)? _____

List some of your talents and/or "gifts" the Lord has given you _____

What is your favorite subject in school? _____ Why? _____

What subject is your least favorite? _____ Why? _____

Describe what you like most about your favorite teacher _____

Have you, for any reason, been in trouble with school authorities? Yes No

Have you, for any reason, been in trouble with the law/police? Yes No
If yes, explain: _____

Have you ever had difficulty with teachers or fellow students in a previous school? Yes No
If yes, explain: _____

Have you ever been expelled or suspended from school? Yes No
If yes, explain: _____

Do you plan to attend college? Yes No Not Sure
Major: _____
If no, what are your plans after you graduate? _____

Should you be accepted into Calvary Chapel Academy, will you promise to abide by the rules and expectations of the school and to use your influence to protect the reputation of Jesus Christ and this school? Yes No

What church do you attend? _____
City _____ What service do you attend? _____

Student Signature _____ **Date** _____

PERSONAL REFERENCE

For students entering 7th or 8th grade

**Calvary Chapel Academy
2955 Minton Road
West Melbourne, FL 32904
(321) 729-9922
Fax (321) 215-9478**

WHO SHOULD COMPLETE THIS FORM?

A non-relative; i.e., Sunday School Teacher, Little League Coach, Boy/Girl Scout Troop Leader, Martial Arts Trainer, etc.

Name of Student: _____

Grade: _____

The student named above is a candidate for enrollment to Calvary Chapel Academy. We would appreciate your evaluation of the student. Please assist us by completing the following information and returning it to our school office at the address above. If you have any questions or concerns regarding the school or the above named student, please feel free to call the school office at (321) 259-9922. *Your comments will be held in confidence. . Your input and rapid response are appreciated, as further enrollment consideration can not proceed until this information is available.*

How long have you known the applicant, and in what capacity? _____

Please use the following space to describe the student and your relationship with him/her (continue on the back of this form if needed):

Your Name: _____ Daytime Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____

Signature: _____ Date: _____