CALVARY Chapel Academy

Where Faith and Learning Soar

2012-2013 VPK COMMITMENT

ATTACH COPIES OF:
Birth Certificate ____
Immunization Card ____
Physical Exam ____

Date Rec'd _____
ACTIVITY FEE $_____
_____ Cash

_____ Check #_____

I. PERSONAL DATA:

Student's Name _____
(Last) (First) (Middle)

Male/Female_____ SS Number _____/_____/_____ Date of Birth _____
month/date/year

Race: □ African-American □ Asian □ Caucasian □ Hispanic □ Native American □ Other

Address _____

City _____ State _____ Zip _____ Home Phone: _____

E-mail Address: _____

Father's Full Name: _____ Marital Status: _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Full Name: _____ Marital Status: _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

With whom does the student live?

_____

Relationship to student: _____

If there are other children in the family, complete the following:

Name: _____ Age/Grade: _____/_____ School: _____

Name: _____ Age/Grade: _____/_____ School: _____

Name: _____ Age/Grade: _____/_____ School: _____

Name: _____ Age/Grade: _____/_____ School: _____

List adults who will be permitted to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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 expelled or requested to withdraw from a school? _____ Yes _____ No

Grade _____ School _____ Reason _____

Grade _____ School _____ Reason _____

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 _____

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

_____

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

Speech_____ When_____ By whom_____

Test results_____

Hearing _____When _____ By whom _____

Test results_____

Vision _____ 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

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

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

Program	Days	Time	Fee
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

Program	1st Child	2nd/3rd Child	4th/and Up Child
3-Year Old Program	$139.00	$124.00	$111.00
VPK Program	*Paid By State of Florida*		
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. _____

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 this VPK Commitment form MUST be completed and on file in the school office before school begins. **Completion of this document is necessary for the student to ensure a space or to be placed on the wait list for the 2012-2013 school year. _____**

CALVARY CHAPEL ACADEMY

_____
Lynn A. Rogers, Principal

Dr.
Mr.
Ms.
Mrs. _____
Signature of Parent/Guardian

_____
Date

Print Name: _____

_____
Phone No.

Please indicate the names of other schools to which you have applied or plan to apply for 2012-2013 VPK enrollment in addition to CCA:

_____ _____
School Name City, State

_____ _____
School Name City, State

_____ _____
School Name City, State

How did you hear about CCA?

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