



# Calvary Christian School Student Application

## Student information

Date Of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary Hours of care: \_\_\_\_\_ Days of Care: \_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F

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

Allergies/Dietary Restrictions: \_\_\_\_\_

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an emergency:  
\_\_\_\_\_

Do we have permission to photograph your child? Giving Calvary Christian School permission to photograph your child's means, your child's picture could be shared on our Facebook page, newspaper articles, our school or church website, etc. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

## Family information

Custody: \_\_ Mom \_\_ Dad \_\_ 50/50 \_\_ Other

Child lives with: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

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

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

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

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

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

## Emergency Contacts (MUST BE 18 OR OLDER, MUST HAVE FORM OF ID)

Persons to be contacted in case of emergency or illness and parents/guardians are unable to be reached.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

## Medical Information:

*I hereby grant permission for the staff at CCS to contact the following medical personnel to obtain emergency medical care if warranted.*

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Number: \_\_\_\_\_

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

**Tell us a little about your family:** Do you have any siblings? Any special gifts or talents? What are your favorite hobbies? Do you have any pets?

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

- Sections 7.1 and 7.2, of the (DCF) Child Care Facility Handbook, require a current physical examination (form 3040) and immunization record (form 680) within 30 days of enrollment.
- Section 7.3, of the (DCF) Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are providing your children with nutrition polices used by the childcare facility.
- Parents/guardians are notified in the Calvary Christian School handbook of our disciplinary and expulsion policies used by our childcare facility.
- Parents/guardians verify that they received an emailed copy of the "Influenza Virus, The Flu, and a Guide to Parents".
- RILYA WILSON ACT – in efforts to meet HB 1435 requirements, the Office of Child Care Regulation has developed the "Rilya Wilson Act" flyer will be attached in our childcare facility handbook. The flyer outlines the providers responsibilities for ensuring continuity of care and reporting absences of children in out of home placement that are enrolled at their facility.
- DISTRACTED ADULT – HB 1079 amended s 402.305(9), F.S. requiring operators of childcare facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention.
- DIAPER RASH CREAM, LOTION, SUNSCREEN, POWDER – I give CCS staff permission to apply any of the mentioned items as needed for my child.
- FIRST AID – I give CCS staff permission to use first aid products such as: hydrogen peroxide, first aid cream, antiseptic, or essential oils, to minor injuries that may occur.
- I acknowledge Calvary Christian School has a one-time registration fee of \$150 and annual curriculum fee of \$145. Each Monday my account will be billed my child/children's weekly agreed rate. If your payment is declined for any reason, there will be a \$39 processing fee. I understand that if I am an ELC client, that I am responsible for the difference between what CCS charges and ELC pays towards my weekly account. I am responsible for any charges that the ELC does not pay (registration, tuition, curriculum). Furthermore, if cancelling the agreement, I agree to give a one-week written notice and to pay my weekly rate up to the last day of the notice. If I leave the school with a balance and do not have a payment agreement in place, I may enter in a civil suit in small claims court in which I will be responsible for court cost as well as the amount due on the account.
- If I refer a family to CCS and they mention my name, I will qualify for a \$25 bonus. The family must enroll, be current on the account and stay enrolled for a consecutive four weeks. At no time will this be exchanged as cash, only a \$25 credit on your account.
- I give my child permission to participate in all food related actives.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature above acknowledges that I have read, understand, and agree to abide by all policies set furth by Calvary Christian School, including payment police, illness policy, attendance policy, and discipline policy. I hearby grant permission for the staff of Calvary Christian School to have access to my child's records.**