

APPLYING FOR:

Infant Class

Toddler Class

K2

K3

VPK & Full Day



APPLICATION FOR ADMISSION

All information must be provided for application to be considered

STUDENT

Name _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Age as of Sept. 1st _____ Sex _____ Place of Birth _____

Date of Birth _____ Social Security Number _____

Who does the student reside with? () Mother () Father () Step-Mother () Step-Father () Grandparents () Other

Please include contact information for all guardians. Use a separate page if needed.

FAMILY

1. Natural Father's Name _____ Home Phone _____
Marital Status: () Married () Widowed () Separated () Divorced () Remarried () Single
Social Security # _____ Pick-Up Allowed? () Yes () No

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Employer _____ Phone _____ E-Mail _____

2. Natural Mother's Name _____ Home Phone _____
Marital Status: () Married () Widowed () Separated () Divorced () Remarried () Single
Social Security # _____ Pick-Up Allowed? () Yes () No

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Employer _____ Phone _____ E-Mail _____

3. Do you have any other children enrolled at ECA? _____ List names and grades _____

4. Who has legal custody of the child for whom application is made? _____

A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.

5. Name of person responsible for tuition and fees: _____

REQUIRED DOCUMENTATION

Please attach copies of the following information with this application. You application cannot be processed until all information is submitted with the application fee.

1. Copy of Birth Certificate _____
2. Copy of social security card _____
3. A Completed Pre-school Reference Form _____
4. Notarized Medical Release Form _____

****A school physical and immunization will be required upon acceptance.**

So that each parent and student understands school policies, we ask that you read the following information and initial next to each statement and sign this form indicating your agreement and understanding of the policies set forth.

1. _____ The School is not responsible for the loss of personal property, whether the loss occurs by theft, fire, or any other cause.
2. _____ All students enrolled at Excel Christian Academy must have in their school file a birth certificate, social security number, school physical, valid immunization records, and current custody papers if applicable. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.
3. _____ Excel Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational policies, admission policies, scholarships, athletic and other school administrative programs.
4. _____ As parents, we agree that Excel Christian Academy may use my child's picture in its promotional and periodical literature for school use.
5. _____ My child is permitted to take part in all school activities, including but not limited to, sports and school sponsored events, and absolve the school and church from liability to me or my child in case of accident or injury to my child while on campus or during any school sponsored outing.
6. _____ As parents, we sincerely pledge our loyalty to the aims and ideals of the school.
7. _____ As parents, we hereby invest authority in the faculty and administration concerning the discipline of our child as necessary. We further agree that we will support the faculty and administration in discipline at home as needed.
8. _____ As parents, we agree, in accordance with the principle of Matthew 18:15-17, to bring any and all questions and criticisms to the person most directly involved. If we have a question about a specific classroom action or procedure, we will contact the appropriate teacher. If a satisfactory conclusion is not reached, we will then contact the appropriate principal.
9. _____ I agree to comply with and support the spiritual, moral, dress and disciplinary standards and policies of the school and further agree that the school has full discretion in the discipline of my child while under school supervision.
10. _____ I have read the FINANCIAL INFORMATION AGREEMENT and comply with those policies.
11. _____ I understand that if I or any agent acting in my behalf or on behalf of my child brings any legal action against the school or its agents and such legal action is found in favor of the school or its agents, I will be responsible to pay all legal fees and other expenses related to such action. All disputes shall be settled in binding arbitration.

I understand that in signing the Enrollment Agreement, I am agreeing to accept and abide by the rules and philosophy of Excel Christian Academy.

Parent's Signature

Date

Parent's Signature

Date

- A. The entire Bible is God inspired.
- B. We believe in one God, eternally existing in three persons: namely the Father, Son and Holy Ghost.
- C. We believe that Jesus Christ is the Son of the Father, conceived of the Holy Ghost and born of the Virgin Mary. That Jesus was crucified, buried and raised from the dead; that He ascended to Heaven and is today at the right hand of the Father as the intercessor.
- D. We believe that all have sinned and come short of the Glory of God and that repentance is commanded of God for all and necessary for the forgiveness of sins.
- E. We believe that justification, regeneration and the new birth are wrought by faith in the blood of Jesus Christ.
- F. We believe in sanctification subsequent to the new birth, through faith in the blood of Jesus Christ, through the Word and by the Holy Ghost.
- G. We believe that the one true God created everything out of nothing in a span of six days.
- H. We believe that the ministry of the local church is God's established instrument for carrying out the Great Commission. The body of Christ, the church, is composed of all born again believers who have by faith accepted Christ as Lord.
- I. The Bible is part of our daily curriculum. This Statement of Faith constitutes the doctrinal boundaries wherein we take a firm stand.
- J. Human Sexuality. We believe that God has commanded that no intimate sexual activity be engaged outside of marriage between a man and woman (Hebrews 13:4 and I Corinthians 7:1-4). We believe that any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery and pornography are sexual perversions in the sight of God and the church (Genesis 2:24, Leviticus 18:1-30, Romans 1:26-29, I Corinthians 5:1 and 6:9, I Thessalonians 4:2-7). We believe that the only legitimate marriage is the joining of one man and one woman by mutual covenant (Genesis 2:24, Romans 7:2). We believe that men and women are spiritually equal in position before God (Galatians 3:28), but that God has ordained distinct and separate spiritual functions for men and women in the home and the church (Colossians 3:18, I Timothy 2:8-15).
- K. Abortion. We believe that human life begins at conception and that the unborn child is a living human being. Abortion constitutes the unjustified, unexcused taking of an unborn human life. Abortion is murder. We reject any teaching that abortions or pregnancies due to rape, incest, birth defects, gender selection, birth or population control, or the mental well being of the mother are acceptable (Job 3:16, Psalm 51:5 and 139:13-16, Isaiah 44:24 and 49:1, 5; Jeremiah 1:5, 20:15-18, Luke 1:44).

Parent's Signature

Date

Parent's Signature

Date

FINANCIAL INFORMATION

2019-2020

Families may choose either the Multiple Child Discounted Tuition or the Scholarship Tuition.
Both may not be combined.

Application Fee: (non-refundable)

\$25.00 *AN APPLICATION MUST BE RECEIVED IN ORDER TO BE PLACED IN THE WAIT POOL

Enrollment Fee: (non-refundable)

\$100.00 (single child); \$200.00 (multi-child family)

Book and Materials Fee: Infants – K4 (non-refundable)

\$125.00

Preschool Weekly Fees:

PREK 4 FULL W/VOUCHER	FULL DAY PK4	K3	K2-TODDLERS		INFANTS
1 st child \$110	\$140	\$130	\$140/trained	\$150/not	\$175
2 nd child - \$90	\$120	\$120	\$130	\$145	\$175
3 rd child \$85	\$110	\$110	\$120	\$135	\$175
4 th child - \$50	\$ 90	\$100	\$110	\$115	\$175

VPK

There is **no charge** for VPK students who have the VPK Voucher from 9 - 12. However, any student who stays past the 3 hour VPK instructional time will be charged **\$110 per week** for extended care and must pay fees (enrollment and book/materials fees). VPK classes are not provided during Thanksgiving, Christmas and Spring Breaks and non VPK calendar days. Students will be charged \$130.00 per week during holidays if extended care is available.

PRESCHOOL TUITION PAYMENT:

Tuition is paid weekly and due Friday prior to the upcoming week when the children are dropped off. Payments received after Monday will be assessed a late fee of \$35.00. If tuition becomes two weeks behind, the student MAY NOT attend Preschool. Spots will be held only one week.

Payments must be made by ACH Check withdrawal, credit or debit card, personal check, cashier's check or money order. Automated ACH WITHDRAWAL will receive a **5% weekly tuition discount**. Card payments will be accepted through online or on site at above fee schedule.

VACATION AND HOLIDAYS:

Each family is allotted 2 full weeks to use towards their vacation time. You may use vacation weeks with advanced notice given to the office. Additionally, school closures such as Labor Day, Columbus Day, and Martin Luther King, Jr...will be prorated for you. You may utilize your vacation weeks during Christmas, Thanksgiving or Spring Break times. Christmas and Thanksgiving WILL NOT BE PRORATED. ALL OTHER SCHEDULED NATIONAL HOLIDAYS WILL BE PRORATED.

A \$35.00 FEE will be charged for RETURNED CHECKS. After the first returned check payments MUST be made by certified check or cash.

Pre-school extended care is included in the annual rates FOR INFANTS –PK3 & FULL TIME PREK4

**Additional Fees apply for late pickup after 6:00 p.m.



EDUCATIONAL /MEDICAL BACKGROUND

List previous Pre-school / Day Care / Private Care Provider Address (City, State) Date (Month of Year) Ages

Reason for leaving last pre-school. _____

Has applicant had any discipline problems or been suspended or expelled? _____ If yes, explain: _____

Does applicant have any physical, emotional, or mental problems or handicaps that may affect activities or progress?

If yes, please explain: _____

Has applicant ever taken any type of psychiatric, psychological or educational testing other than the regularly administered school achievement tests? _____ If yes, explain: _____

Has applicant ever been seen by a psychologist or psychiatrist? _____ If yes, explain: _____

Has applicant ever received any tutoring or therapy? _____ Explain: _____

Please state clearly why you wish to sent you child to Excel Christian Academy. _____

PERSONAL SKILLS

Is your child completely potty trained? YES NO Is your child able to feed themselves? YES NO

Is your child able to speak their name clearly? YES NO

Is your child able to take care of their own personal needs? (i.e. Use the restroom without assistance) YES NO

Please tell us about your child's strengths (what are you most proud of) _____

Please tell us what you would like your child to accomplish during his/her time at Excel? _____

Please list known allergies that we should be aware of and the proper treatment should an allergen come in contact with your child. _____

Please share with us any medical conditions _____

ECA POLICIES

Please carefully read the following information and sign below indicating that you have read and will abide by these policies.

ACCEPTANCE POLICY

- ECA reserves the right to accept or deny admission based on the information provided in the completed application packet.
- Required paperwork and medical forms (current school physical and immunization record) must be on file before the student will be admitted to class.

RESTROOM POLICY

- Students must be completely potty trained before entering K3. No pull-ups or training pants of any kind may be worn.
- Excessive restroom accidents (6 in a two week period) can result in your child needing to secure potty training before coming back. A meeting with parent/guardian must happen to ensure training needs.
- Students must be able to tend to restroom needs without assistance.

FINANCIAL RESPONSIBILITY

- All families are expected to abide by the financial policies detailed in the financial information packet.
- All policies regarding fees, tuition, payment options and dates are detailed in the financial information packet.
- There is a penalty for any returned checks.
- **Application fee is non-refundable**

I have read the above policies and agree to abide by these policies and the policies listed in the financial information packet to Excel Christian Academy.

Parent Signature

Date

Parent Signature

Date

OFFICE USE

<u>OFFICE USE</u>	
Date Received	_____
App Fee \$	_____ Ck# _____ Date _____
Enroll Fee \$	_____ Ck# _____ Date _____
Accepted	_____ Not Accepted _____
Wait Pool	_____ Grade _____

MEDICAL RELEASE FORM

To: Emergency Personnel

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports and all extra-curricular activities. I waive, release, absolve, and hold blameless Free Life Chapel and Excel Christian Academy and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child.

I authorize the personnel at Excel Christian Academy to administer first aid to my child in the event of their involvement in an accident, injury or sickness.

THIS FORM MUST BE NOTARIZED

SIGNATURE OF PARENT OR LEGAL GUARDIAN

State of Florida

County of Polk

DRIVERS LICENSE #

On the ____ day of _____, 20____, before me came _____, to me known to be the individual described in and who executed the same.

NOTARY PUBLIC

My Commission Expires: _____

EMERGENCY INFORMATION:

Child's Doctor _____ Office Phone _____

Hospital Preference _____

PICK-UP/ EMERGENCY LIST: Please list the people who are allowed to pick up your child from Excel Christian Preschool AND can be contacted in case of an emergency. It is the sole responsibility of the parent to notify the school of any changes to this list.

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Medical History:

Previous hospitalization? () No () Yes- If yes, why? _____

Is child allergic to anything? () No () Yes If yes, what? _____

Is the child under the care of a doctor? () No () Yes If yes, for what reason? _____

Does child take any prescribed medications on a daily basis? () No () Yes- If yes, please list. _____

NOTICE: No medication will be dispensed without a written prescription (i.e. Tylenol, Motrin, etc)

Any history of convulsions? Asthma () No () Yes- If yes, please list. _____

Are there any special instructions that we should know about? () No () Yes- If yes, please list. _____

Explain: _____