

Preschool Enrollment Application



3266 Southside Boulevard
Jacksonville, Florida 32216
Phone (904) 928-1069
Fax (904) 928-3393
Website: www.ccjra.com
Director: Elyse Clark



Information Needed for Enrollment

In preparation for your child's first day with us, please be sure you have submitted the following information to the main office with your application. **Unfortunately, we will be unable to allow your child to attend even one day without this information on file.** If you have any questions please let us know immediately.

Application Form: *fully completed with the following information*

- Date of Enrollment
- Date of Birth
- Name & Address of Parents
- Phone Number of Parents
- Name & Address of authorized emergency contacts & additional persons to pick up your child.
Even if you are new to the area, we must have this information.
- Name, Address, & Phone number of child's physician.

Forms Required by DCF:

Please note due to Florida State Law, we are unable to accept Xerox copies of form 680 & 3040. The information **must** be displayed on the original forms listed below and signed by a doctor certified to practice in the state of Florida. You should contact your pediatrician immediately to request the preparation of these items as it may take a day or so to obtain them. **Florida State Law prohibits us from allowing your child to be enrolled to stay even the first day without this information on file in our office.**

- Form 680 Florida Certificate of Immunization
- Form 3040 Health Exam

Additional Paperwork Required:

- Signed Financial Agreement
- Signed Parental Agreement
- Signed Withdrawal Agreement
- Signed Discipline Agreement
- Signed Medical Policies Agreement

Additional Actions:

- Tour of facility
- Parental interview with the director or office administrator
- Review of all paperwork by the director or office administrator



Student Information

Today's Date: _____ Enrollment Date: _____
Child's Full Name: _____ Nick Name: _____
Male Female Date of Birth: _____ Age: _____ SSN: _____
Child's Physician: _____ Phone: _____
Date of Last Medical Exam: _____ Special Physical Conditions: _____
Food Allergies: _____ Attend another childcare center? Yes No
Other Allergies: _____ Last one attended: _____

Parent / Guardian #1

Mr. Mrs. Ms. _____ Home Phone: _____
Home Address: _____ City - Zip: _____
Relation to Student: _____ Billing Party: Yes No
Employer/Occupation: _____ Work Phone: _____
Driver's License #: _____ State Issued: _____
Social Security #: _____ Cell Phone: _____

Parent / Guardian #2

Mr. Mrs. Ms. _____ Home Phone: _____
Home Address: _____ City - Zip: _____
Relation to Student: _____ Billing Party: Yes No
Employer/Occupation: _____ Work Phone: _____
Driver's License #: _____ State Issued: _____
Social Security #: _____ Cell Phone: _____

In the event of an emergency, we MUST have the names and information on 2 other contact persons!

Emergency Contact #1

Mr. Mrs. Ms. _____
Home Address: _____
Relation to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Can this person pick child up? Yes No

Emergency Contact #2

Mr. Mrs. Ms. _____
Home Address: _____
Relation to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Can this person pick child up? Yes No

Who may NOT pick up this child?

Mr. Mrs. Ms. _____ Home Phone: _____
Home Address: _____ Work Phone: _____
Employer/Occupation: _____ Physical Description: _____

Calvary Christian Jr. Academy reserved the right to refuse any application or dismiss any child, at any time, for any necessary reason. I certify that all enclosed information is true and correct to the best of my knowledge. I also consent to the guideline set forth by Calvary Christian Jr. Academy.

Parent or Guardian Signature: _____ Date: _____



Medical Release & Information

We are required by Florida State Regulations to maintain the following information on file for each student. In the event that you are new to the area and have not yet found a pediatrician, please record the information for your local acute care center until you have selected a pediatrician. Your child will not enter the preschool without this information completed in full.

Medical Information

Child's Physician or Clinic: _____

Phone Number: _____

Hospital Preferred: _____

Date of last physical exam: _____

Known special physical conditions: _____

Known medical allergies: _____

Known food allergies: _____

Medical Consent

I, _____, give permission that my child, _____, may be given emergency treatment, to include first aid, and CPR by qualified staff member, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such cases, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I further authorize Calvary Christian Jr. Academy to take my child to a hospital, and I agree that I will pay all ambulance, physicians and hospital bills, and that neither Calvary Christian Jr. Academy nor Calvary Worship Center shall be responsible for them.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



Financial Agreement

Parents, please read the following statements and initial by each one and sign the bottom. Your child cannot enter our facility until this is completed.

_____ I understand that the enrollment fees are **annual and re-enrollment fees** are due by the first school day in **August / September** of each year and these fees are non-refundable.

_____ I agree to pay all weekly tuition fees **every Monday**.

_____ I agree that all daycare fees paid **after Tuesday evening** are considered to be late and will be assessed a **20% late fee**.

_____ I understand that after receiving notification of past due payments, I have until the **end of the week to make payment in full** or my child's enrollment **may be suspended or cancelled**.

_____ I understand failure to pay **past due fees will result in my account being turned over to a collection agency**.

_____ I understand that I **am responsible to pay all collection fees incurred by CCJA** if my account is turned over to a collection agency.

_____ I understand that childcare fees are due **regardless of my child's attendance**. We will consider your child withdrawn if a total of 5 consecutive days are missed with no explanation or call.

_____ I agree **to give two weeks notice in writing** if I remove my child from CCJA.

_____ I understand that once I give my two week notice for withdrawal, **my tuition for the final two weeks is due regardless of my child's attendance**.

_____ I understand that I am expected to pay all **late pick up fees in cash immediately** if I arrive at the preschool **after 6:00pm**.

_____ I agree to pay all annual preschool book fees.

_____ I understand that all returned checks will result in a \$35.00 NSF fee and all fees must be made via cash or money order. **Checks will not be accepted**.

I have read the financial agreement form and fully understand all my financial responsibilities. I agree to follow and uphold all of the policies listed. I understand that failure to follow these policies will result in my child's dismissal and possibly my account being turned over to a collection agency.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



Medical Policy

If a child becomes ill while at the center as indicated by the symptoms below, the parent or guardian will be contacted and **expected to pick up the child** within **one hour of contact**. The child will be separated from the other children until the parent arrives. Your child may return to the preschool 24 hours after the pick up time provided the symptoms have subsided or a doctor's note is provided indicating there is no infection or contagion.

According to Florida State regulations, if a child displays any of the following symptoms, **he or she must be kept home**. Please do not bring your child to the center if he/she has displayed these symptoms at home. We respectfully request that you begin treatment at home to avoid spreading contagion to the other children.

General Symptoms of Illness

- Fever of **101 or higher**. *In the event that this is a result of teething, please bring a doctor's note to confirm no infection or contagion is present.*
- Diarrhea **one or more times** during the school day.
- Nasal secretions that is **thick, cloudy, yellow, or green**. *Please check with your pediatrician to rule out infection and bring a doctor's note to confirm no infection or contagion is present.*
- **Sore throat** with fever or throat spots.
- **Cough** accompanied by fever, chills, and the coughing up of green or yellow mucus.
- **Vomiting** or nausea.
- **Eye drainage** of any type.
- **Unusual rash**. *Please bring a doctor's note to confirm no infection or contagion is present.*
- A child who is not feeling well, such as **lethargic** behavior and/or **crying**.
- Any other symptom that may be present itself that the Director feels may require medical attention due to possible infection, contagion or the discomfort of the child.

Head Lice

Children who report to the center with lice or nits will be separated from the other children immediately. The parent will be contacted and asked to pick up the child within one hour. The child may return to the center once the child's head is completely nit free. Your child will not be admitted into the center without a head check by an employee.

Impetigo

Children who have wet sore will not be allowed to attend unless the sores are fully covered by clothing and bandages. Children with properly cared for dried or crusted sores will be allowed to attend provided the sore does not break open or begin to run.

Returning After an Illness

Once your child is feeling well again and normal behaviors have returned, your child may return to the center. However, you may be asked to provide us with a doctor's note stating your child is well again. State guidelines indicate that the child may return to the center after illness when the following conditions have been met.

- Fever has broken for 24 hours.
- Nausea, vomiting, or diarrhea has subsided for 24 hours.
- At least four doses of antibiotic have been given over a 24 hour period for any type of infection.



Medical Policy Agreement

Parents, please read the Medical Policy and initial by each statement below and sign the bottom.

_____ I have read the outlined Medical Policy and agree to adhere to them fully.

_____ I understand that my child must be picked up within one hour of notification should he/she become ill during the school day.

_____ I understand that if my child is sent home sick he/she may not return to the center for 24 hours unless a doctor's note is presented stating no infection or contagion is present.

_____ I understand that I am not to bring my child to the center when he/she is exhibiting the *General Symptoms of Illness*.

_____ I understand that if my child has head lice. Nits or open impetigo he/she will be sent home for proper treatment and allowed to return to the center once an employee has checked the child.

_____ I understand that failure to follow these policies will result in the dismissal of the child.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



Discipline Policy

Classroom Rules

- I will follow directions the first time they are given.
- I will keep my hands and feet to myself.
- I will be polite and respect myself as well as others.
- I will honor God in all I say and do.

Maintain Classroom Control

There are two sides of discipline, encouragement and correction. CCHA uses both sides of discipline to encourage inner growth, personal responsibility and self control.

Encouragement: When a teacher noticed that a child in the class is following the classroom rules and expectations, she will verbally praise the student. She may also give the child a pat on the back or a reward such as a sticker or small prize.

Correction: When a teacher notices that a child in her class is not following the classroom rules, she has the following options:

Verbal Statement of Expectations: The teacher will state the rules out loud in "child friendly language" in an effort to remind the child of the expectations.

Proximity Control: The teacher will stand or walk close to the student to provide additional supervision.

Non-Verbal Redirection/Re-Focus: The teacher will gain the attention of the student using non-verbal communication techniques in order to notify the student of the classroom expectations. (ie, putting her finger to her lip to remind the students to be quiet.)

Change of seating assignment: The teacher will change the seating assignment for a student if they are unable to meet the classroom conduct expectations during a lesson or activity. This change can be temporary or permanent depending on the situation. In the event that the child is of a young age, he may be placed in a playpen as a change of activity.

Loss of Privileges: The teacher will withhold classroom privileges such as full recess time, lunch with the class, free time, treats and rewards within reason. Lunch and snacks will never be withheld from any child for any reason and food is never used in conjunction with discipline.

Change of Current Activity: The teacher will change the activity in which the student is currently participating. For example: If the student is working in the block center and becomes frustrated or aggressive, the teacher will change the activity of the student.

Teacher Directed Time Out: The teacher may remove the student from the group and place them in a specified location in the classroom for the purpose of gaining self-control in increments of 1 to 5 minute sessions. The teacher may remove the student from the classroom and place them in the office or another class for the purpose of gaining self-control in increments of 5-30 minute sessions.



Discipline Policy Cont'd

Teacher Contact with Parent/Guardian: The teacher will notify the parent by phone or in person in the event that the above interventions are not successful in the classroom. It is expected that the parent will discuss appropriate behaviors with the child and implement corrective actions at home as needed.

Forbidden Actions

At Calvary Christian Jr. Academy, we will strive to use the positive discipline whenever possible. Please rest assured that there are some forms of discipline that we will not tolerate. The following list of forbidden disciplinary actions:

- No employee will ever be permitted to use inappropriate language or call a child "names".
- No employee will be permitted to yell at an individual student as a form of chastisement. However, there will be times when it is necessary for the teacher to raise her voice to the group as a whole only as a means of gaining the attention of talkative children who may be unable to hear her directions.
- No employee is ever permitted to handle a child in a rough or rude manner.
- No employee will ever be permitted to administer swats, spankings or physical pain to a child for any reason.

Behavioral Dismissal

In the event that a child is unable to consistently follow the behavioral expectations and code of conduct for our school the parent will receive a verbal warning first. If the appropriate behaviors persist, the parent will then be given a written warning. Finally, if the student does not show marked improvement in their behavior and attitude within three school days, the child may be dismissed from our program without further notice. Fees will not be refunded to the parent in the event of a disciplinary dismissal.

Parent Agreement:

We, the parents of _____ have read the Discipline policy for Calvary Christian Jr. Academy. We understand these policies and procedures and will support them fully.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



Withdrawal & Dismissal Agreement

Withdrawal Notice:

A two-week advance written notice is required to withdraw a child from the daycare or preschool program. Failure to do so will result in two weeks of fess being assessed to your account. You are required to pay out your two weeks notice regardless of the child's attendance.

Free Week:

After enrollment of 90 days, a *Free Week* is available to use for family vacation where the child is not attending daycare. The Free Week can only be used once during the year. You must give a two week notice and only five families at a time will be permitted to have the same week during the holidays.

Late Pick Up Fee:

Parents who fail to pick up their child on time will be charged a late pick up fee as listed on the current fee schedule. These fees may change during the year and you will be notified in advance.

Absences:

We plan our program with the assumption that every child will attend every scheduled class. If your child is unable to attend preschool, please notify the preschool office. **Weekly fees will be assessed regardless of your child's attendance.**

Toys:

Children are not permitted to bring personal toys in from home unless the teacher requests an item from home for *Show & Tell* day only. Calvary Christian Jr. Academy will not be responsible for any broken, lost, or stolen toys. If the child continues to bring toys in, a conference will be set up reviewing this policy. After a conference has been held, should a toy be brought in, it will become the property of Calvary Christian Jr. Academy.

Dismissal:

Any child who displays behavior that is in contradiction to our code of conduct will be given two opportunities to improve their behavior. A verbal warning from the teacher and then a written warning from the administration will be given. If the situation continues beyond the two warnings, your child will be dismissed from the center without additional notice.

Any parent or guardian, who displays a rude or haughty attitude toward the staff of Calvary Christian Jr. Academy, has aggressive behaviors or uses foul or inappropriate language on our campus will be given two opportunities to improve their method of communication and/or disposition with our staff. A verbal warning and then a written warning will be issued. If the situation continues beyond the two warnings, your child will be dismissed from the center without additional notice.

In any extreme case of misbehavior on the part of the child or disrespectful behavior on the part of the parent, your child will be dismissed without further notice. This dismissal is at the discretion of the preschool director or her designee.

We have read the above policies and procedures and agree to adhere to the guidelines outlined.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



General Parent Agreements

We, the parents of _____, have read the Student Application/Parent Handbook and will cooperate with each of the policies and procedures of CCJA.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

We understand that the Bible and spiritual teachings are part of every aspect of CCJA and that our child will participate in these biblical teachings daily.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

We agree to allow CCJA to photograph and/or video our child for the purpose of security, classroom displays and yearbooks.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

We understand that we must give our consent in writing for our child's photograph to be used in any form outside of the preschool.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

We understand that from time to time policies and procedures of CCJA will be updated and changed. We understand that we will be informed in writing of these changes and will be expected to adhere to the new regulations.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____



Teacher Information

This information will be given directly to the classroom teacher(s). Please feel free to provide additional information that will make your child's time with us more enjoyable.

Information About Our Family

Child's Name: _____ Nick Name: _____
Date of Birth: _____ Age: _____
I will arrive on most days at: _____ I will go home most days at: _____
Mother's Name: _____ Father's Name: _____
Mother's Work Number: _____ Father's Work Number: _____
Mother's Cell Number: _____ Father's Cell Number: _____

Information About Our Friends

Emergency Contact #1

Name: _____
Relationship: _____
Home Phone Number: _____
Cell Phone Number: _____

Emergency Contact #2

Name: _____
Relationship: _____
Home Phone Number: _____
Cell Phone Number: _____

Persons who may NOT pick up my Child

The person who should never pick up my child is: _____
Physical description of this individual: _____

Medical Information

Food my child is allergic to: _____ Medications my child is allergic to: _____
Other Allergies: _____ Medical Concerns: _____

Information about my Child

Foods child likes: _____
Foods child does not like: _____
At rest time my child's needs/wants: _____
When my child is upset, to soothe them I usually: _____
Games my child likes: _____
Other special information regarding child: _____



Student Materials Checklist

Parents, please be sure to CLEARLY LABEL all items that belong to your child. Many bottles, cups and pacifiers look the same and it is easy to confuse them if you do not have your child's name clearly marked. Please note that it will be necessary for you to remark some of these items as the writing may wear off with use. Blankets and pillows should be taken home on Fridays to be washed and returned.

One Year Olds

Please help up to properly care for your child by keeping these items in full supply each day.

- | | |
|---|---|
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Bottles |
| <input type="checkbox"/> Wet Wipes | <input type="checkbox"/> Sippy Cups |
| <input type="checkbox"/> Tissues & Hand Sanitizer | <input type="checkbox"/> Juice / Milk |
| <input type="checkbox"/> Diaper Rash Cream | <input type="checkbox"/> Babyfood / Snackfood |
| <input type="checkbox"/> Blanket / Pillow | <input type="checkbox"/> Change of Clothes |

Two Year Olds

Please help up to properly care for your child by keeping these items in full supply each day.

- | | |
|---|--|
| <input type="checkbox"/> Diapers / PullUps | <input type="checkbox"/> Change of Clothes |
| <input type="checkbox"/> Wet Wipes | <input type="checkbox"/> Nap Mat |
| <input type="checkbox"/> Tissues & Hand Sanitizer | <input type="checkbox"/> Blanket / Pillow |

Three Year Olds

Please help up to properly care for your child by keeping these items in full supply each day.

- | | |
|--|---|
| <input type="checkbox"/> Washable Markers 8 Primary Colors | <input type="checkbox"/> Tissues & Hand Sanitizer |
| <input type="checkbox"/> Washable Crayons 8 Primary Colors | <input type="checkbox"/> Wet Wipes |
| <input type="checkbox"/> 2 glue sticks | <input type="checkbox"/> Change of Clothes |
| <input type="checkbox"/> 5 Beginner Pencils with Erasers | <input type="checkbox"/> Blanket / Pillow |



CCJA Statement of Faith

We believe:

1. The bible is inspired, inerrant, infallible, irrevocable, and complete Word of God. (2Tim. 3:16, 17)
2. In the eternal Godhead: Father, Son, and Holy Ghost. (1John 5:7)
3. That all have sinned and come short of the glory of God, and that repentance is commended of God for all and necessary for forgiveness of sins. (John 3:16; Rom. 5:8; Rom. 10:9, 10)
4. That salvation is by the grace of God. (Eph. 2:8)
5. There is literal change which takes place in the heart and life at conversion and is the result of being born of the Spirit of God. (2Cor. 5:17; Gal. 2:20; John 3:5-7)
6. In sanctification subsequent to the new birth, through faith in the blood of Christ, through the Word, and by the Holy Ghost. (Heb. 3:1; John 17:17; Eph. 5:27)
7. Water baptism by immersion in water is an outward sign of the inward work of salvation. (Matt. 28:19)
8. In the commemoration of the Lord's supper by the symbolic use of the bread and the juice of the vine. (1Cor. 11:28)
9. That the baptism of the Holy Spirit is to endue the believer with power as they were according to Acts 1:8 & Acts 2:4.
10. In the demonstration of all the gifts of the Spirit according to 1Cor. 12.
11. That divine healing is the provision of Christ to heal the sick in response to the exercise of faith, prayer of faith, prayer of agreement, anointing with oil, and the laying on of hands. (1Peter 2:24; Matt. 8:17; James 5:14-16; Luke 21:33)
12. That the second coming of Christ is literal and inevitable. (1Thes. 4:16-17)
13. In church membership. It is our sacred duty to identify and actively participate with the local and visible church of Christ. (Acts 16:5; Heb. 10:25)
14. That heaven is a literal place, eternally existent. (John 14:2; Rev. 7:15-17)
15. That hell is a literal place of eternal torment for those who reject the Lord Jesus. (Rev. 20:10, 15)
16. That soul winning is the great commission given to the church. (James 5:20; Mark 16:25; 2Cor. 5:18-21)
17. That the method ordained of God for the support and spread of His cause is by giving tithes and freewill offerings. (Mal. 3:10; 2Cor. 9:7; Heb. 7:8)
18. In individual and corporate expressions of praise and thanksgiving and reverence in holiness. (John 4:24; Psalm 150)



Date: _____

To the Parent's Of: _____

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65-22006(2), F.A.C., requires a current physical examination (3040) and immunization record (Form 680 or 681) WITHIN 30 days of enrollment.

Section 65C-22.006(3) ©2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicated that you have received the above information through Calvary Christian Jr. Academy's application and that you received the brochure "Know Your Child Care Facility" through the Department of Children and Families.

Parent's Signature

Respectfully,

CCJA Office