

WELCOME TO CORAL PARK CHRISTIAN ACADEMY
Passion for Learning, Passion for God.



CHRISTIAN ACADEMY

**ENROLLMENT
PACKET
2020-2021**

PRE - SCHOOL

**PLEASE SAVE THIS PACKET (PDF)
TO YOUR DESKTOP OR LAPTOP
(not mobil compatible)
fill, sign and send it by mail to:
mainoffice@coralparkchristian.org**

ENROLLMENT PACKET 2020-2021 PRE-SCHOOL TUITION AND FEES



ENROLLMENT FEE: (Non-Refundable): \$300.00 Per Student / \$200.00 (VPK + 3hrs.)

MONTHLY TUITION: <i>Tuition in 11 payments available (July - May)</i>	
Infant (0-12 months).....	\$540.00
1 Year Old.....	\$540.00
2 & 3 Years old.....	\$560.00
VPK Program (3hrs. Only).....	FREE
VPK (Voucher + 3hrs.).....	FREE
VPK No Voucher.....	\$570.00

TUITION DISCOUNTS AVAILABLE	
Sibling Discount.....	10%
Second Sibling Discount.....	15%
Third Sibling Discount.....	20%
U.S. Active Military/Veteran.....	10%
Church Member Discount.....	10%
Family Referral Credit.....	\$200.00
<i>Combination of discounts will not be offered (more info at main office).</i>	

ANNUAL FEES	
Infant - 1 Year Old.....	\$400.00
2 & 3 Years Old.....	\$500.00
VPK (3hrs. Only).....	FREE
VPK (Voucher + 3hrs.).....	\$400.00
VPK (No Voucher).....	\$800.00
Campus Security (Per Student).....	\$190.00
Graduation (All VPK Due April 5th).....	\$70.00
<i>All fees are not-refundable. Fees must be honored by due date to secure your child's placement.</i>	
<i>All Annual Fees must be paid by July 31st, 2020.</i>	

OTHER FEES	
Infant - VPK (PT 8-12pm).....	\$450.00
NSF/Returned Check Fee.....	\$40.00
Late Payment Fee.....	\$40.00
Morning & After Care/Month.....	\$170.00
VPK (Non Instructional Day).....	\$25.00
VPK 3 hrs. Pre Paid Materials (opt.).....	\$100.00
VPK Weekly Care (Spring-Winter Break).....	\$100.00
<i>School Readiness Gap Fee, (0-4 years old apply).</i>	
<i>Late pick up fee apply to all programs (After 12:01 noon) (early release) 3:15pm, 6:01pm.</i>	
<i>(Fee will be paid separate in cash or check)</i>	

SCHOOL HOURS FOR 2020-2021	
Infant - PreK3.....	6:30am - 6:00pm
VPK (Voucher).....	8:30am - 11:30am
VPK (Voucher + 3hrs FREE).....	8:30am - 2:30pm
VPK Morning Care.....	7:00am - 8:29am
VPK After Care.....	2:31pm - 6:00pm
<i>Pre-School Admission: Children must be 1 year old and walking to be enrolled in the One year program.</i>	
<i>Must be also fully potty-trained to be enrolled in K3-VPK Program</i>	

PARENT / SPONSOR ACKNOWLEDGMENT

The above fees were reviewed on (Date): _____ / _____ / _____

Staff Initials: _____

Print Name: _____

Signature: _____

*My signature above indicates that I reviewed the aforementioned, fully understand my financial obligations to Coral Park Christian Academy and my willingness to fully cooperate and adhere to for the 2020-2021 academic year, and it's Handbook.
For your convenience, we accept Visa and MasterCard payments. A convenience fee of \$3.00 will be added to each transaction.

ENROLLMENT PACKET 2020-2021 PRE-SCHOOL



I. IMPORTANT FINANCIAL POLICIES AND OTHER INSTRUCTIONS:

- Returned checks are **NOT** re-deposited and a \$30.00 service charge will be assessed. Your account will be placed on a cash basis if a second check is returned. All Checks are payable to **Coral Park Christian Academy**.
- **Monthly Fees will not be prorated. Account balances are due the 1st of every month.** A late fee of \$ 40.00 will be added to any account, regardless of whether you receive government or scholarship assistance **If account balance is not received by the 5th of every month. No exceptions will be made to this policy.**
- Pre-School accounts are entitled to two full weeks of vacation with previous approval. A 25% discount will be applied accordingly. If illness occurs for a % discount will also be applied **ONLY** with proper doctor notice. **Be aware that Illness credit will be offered for two (2) weeks maximum. In case of extended illness (Maximum an extra 2 weeks) credit will be offered ONLY with hospitalization paperwork at a discretionary discount.** After you have reached the maximum of all weeks allowed (4 weeks) account will be billed in full.
- For any account **30 days past due**, the student will be suspended from school until the balance is **paid in full**.
- If you withdraw your student, you are financially responsible for the balance owed. Students attending **part of a month** are responsible for the full payment of that month regardless of the withdrawal date. **If Voluntary Withdrawal occurs, fees of any kind are non-refundable.**
- Student Health Examination Form (**Yellow Form 3040**) and Certificate of Immunization (**Blue Form 680 Part A**) are mandatory and must be up to date in your child's file. If forms are not updated, CPCA reserves the right to refuse to admit your child. He or she will not be allowed to attend class until the updated forms are received.
- **All Students** must follow the school dress code. Uniform information will be available in our Main Office.
- **Teachers** are not allowed to administer any medication without a signed "Medication Authorization Form". (**Restrictions Applied**)
- **Coral Park Christian Academy** will not accept a child with fever of 99.6 degrees or over. if your child has a cold, is coughing, and/or has a runny nose, please consider that he/she may be contagious to others and keep him/her home or make other arrangements for his/her care until he/she recovers. This applies to any other symptoms of contagious disease, unless a doctor's certificate has been issued that the illness will not affect any other child, (i.e. head lice, pink eye, rashes) etc.
- **Coral Park Christian Academy** follows the same closing procedures as the Miami Dade County Public School System in the event of a natural disaster or any other emergency. In cases of lockdowns like COVID-19, when local authorities allow.
- **Coral Park Christian Academy** closes at 6:00 pm and we do not have arrangements for children past 6:00 pm. A late fee of \$5.00 for every 5 minutes will be incurred for children who are picked after 6:00 PM. Must be paid at moment of pick up. We appreciate your cooperation.
- **All Coral Park Christian Academy** students with one of the following conditions must be present for a parent to be asked to withdraw their child from the program:
 1. The child's behavior is harmful or upsetting to other children in the program.
 2. CPCA is unable to meet the individual needs of the child.
 3. The child's behavior is disruptive to the point of preventing other children from learning.

Print Name: _____

Parent/Guardian Signature: _____ Date: _____/_____/_____



STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES CHILD CARE APPLICATION FOR ENROLLMENT

I. STUDENT INFORMATION:

Date of Enrollment: / / Date of Birth: / / Full Name: Gender: M F Child's Physical Address: Primary Hours of Care: From: To: Days of the Week in Care: M T W TH F Meals typically served while in care: Br AM Snack Lunch PM Snack

II. FAMILY INFORMATION:

Child Lives with: Mother's Name: Address: Home Phone: Work Phone: Employer: Cell Phone: Custody: Mother Father Both Other: Father's Name: Address: Home Phone: Work Phone: Employer: Cell Phone:

III. MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to to obtain emergency medical care if warranted.

Doctor: Address: Phone: Doctor: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or the areas of concern:



STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES CHILD CARE APPLICATION FOR ENROLLMENT

IV. CONTACTS:

Child will be released only to the custodial parent or legal guardian listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name:	Address	Work #	Home/Cell #
Name:	Address	Work #	Home/Cell #
Name:	Address	Work #	Home/Cell #

V. HELPFUL INFORMATION ABOUT YOUR CHILD:

- Section 65C-22.006(2), F.A.C, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know your Child Care Facility” (CF/PI 175-24), or
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, “Selecting a Family Day Care Home Provider”: (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that a written copy of the family day care provider’s discipline policy be available for review by the parent(s).
- I have read and received a copy of the school tuition & fees 2020-2021 and I fully understand my financial obligations. I will cooperate and encourage my child to support and cooperate with the rules and regulations of Coral Park Christian Academy. I have been informed that the Parent Handbook is available for viewing/printing at school website: www.coralparkchristian.org
- I UNDERSTAND AND CONSENT that my child enrolled at CPCA will be screened with Ages & Stages Questionnaires’ (ASQ-3), Ages & Stages Questionnaires (ASQ-2) and that I will receive the results of that screening in a letter form.

Your signature below indicates that you have read and received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date

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II. ADDITIONAL INFORMATION FOR ENROLLMENT:

Child's Social Security # (Last 4 Digits): _____

Mother's Driver License: _____

Mother's Email Address: _____

Mother's Driver License: _____

Mother's Email Address: _____

PHOTOS FOR THE SCHOOL/WEBSITE

I give permission for my child, _____

To participate in photos taken for the school and to upload to the school web site.

Yes, I Agree

No, I Do Not Agree

Parent's Signature

Date

Coral Park Christian Academy is a ministry of First Baptist Church of Coral Park. Our school will emphasize the worth of the individual and the eternal values of God as well as provide an environment of academic excellence.

Coral Park Christian Academy admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Coral Park Christian Academy does not discriminate based on race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarships, loan programs, athletic and other school-administered programs.

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III. STATEMENT OF COOPERATION

The rules and guidelines, as set forth in our Parent/Student Handbook, are taken seriously by the CPCA administration and staff. It is not necessary that a student or parent agree with every rule and policy the school endorses. It is expected, however, that the parents and the students cooperate with the policies as long as the student is enrolled at Coral Park Christian Academy. In submitting an application for my child, I give permission for my child to participate in all school activities, including sports and school-sponsored trips away from the premises understanding that every reasonable care will be extended to my child during school hours, activities, and events. I agree to hold the school harmless for any liability in the event my child is accidentally injured during school hours and events. If I do seek legal recourse against Coral Park Christian Academy and the school is found to be NOT at fault, I agree to pay any attorney's fees, or other costs that CPCA or its agent should incur to defend itself against such action.

I, the undersigned acknowledge that I have read and agree to cooperate with the policies stated in the Parent/Student Handbook.

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian:

Date

ENROLLMENT PACKET 2020-2021 PRE-SCHOOL EMERGENCY CONTACT FORM



I. FAMILY INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

II. CHILD INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____ / _____ / _____	

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____ / _____ / _____	

III. EMERGENCY CARE AUTHORIZATION

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Signature of Parent or Legal Guardian: _____ Date: _____

OFFICE USE ONLY		
Tuition: \$ _____	Classroom: _____	Enrolled: _____
Billing cycle: _____	Program: _____	Enrolled by: _____

RESET

PRINT