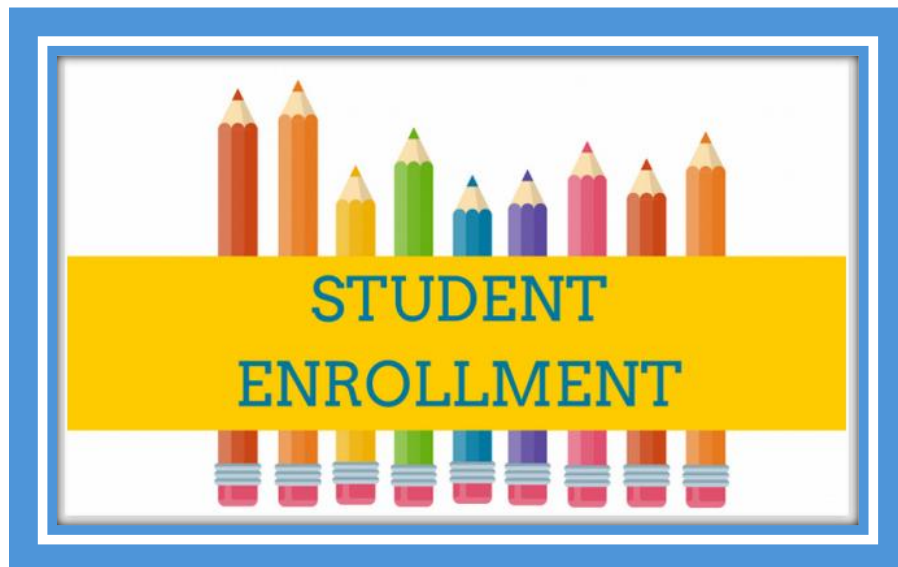




ENROLLMENT PACKET





Date: _____ Name: _____

Request for student file paperwork.

In checking your child's student file, we found the following items missing, expired or due to expire. To bring the file into compliance, please submit the document(s) indicated below to me as soon as possible. Failure to have all paperwork in your child's file, can result in dismissal per Dept. of Children and Families' rules. Thank you for your help in bringing the file up to date.

_____ Admission Papers (enclosed)

_____ Birth Certificate Copy

_____ Immunization Record (CFS 680)

_____ Physical (CFS 3040)

_____ Paperwork To Be Notarized (enclosed)

_____ Other _____

Notes: _____

Please note if immunization and/or physical forms are not turned in within 30 days of the first attendance or by the expiration date above, your child may not attend the Academy until the paperwork is received in our Academy's front office.

Your prompt attention will be greatly appreciated!

Kelly Patchen
Principal, Crosswater Christian Academy



APPLICATION FOR ADMISSION

Student information

Student's **Legal** Name in Full: _____

_____ **Last** _____ **First** _____ **Middle**

Address _____

Number and street

city/state

zip

Birth Date ____ / ____ / ____ **Male** **Female** _____ **Birthplace**
Month Day Year

Student Lives With _____ **Father** _____ **Mother** _____ **Stepfather** _____ **Stepmother**
_____ **Other (specify)** _____

Family information: (Please PRINT)

Father's name: _____ Mother's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Email Address: _____ Email Address: _____

Cell Phone #: _____ Cell Phone #: _____

Home Phone: _____ Home Phone: _____

_____ **Married** _____ **Divorced** _____ **Widowed** _____ **Separated** _____ **Single**

Brothers and Sisters in Family **Age** **Grade** **School Attending**

Name: _____

Name: _____

Name: _____

Name: _____

PARENT QUESTIONNAIRE

What prompted you to apply for enrollment at Crosswater Christian Academy?



CHURCH AFFILIATION

Name of Church _____

Are you members? _____ Yes _____ No

Do your children attend _____ Church _____ Children's program?

In case of Emergency, Contact: (If Parents cannot be reached)

1. Name _____ Relationship _____

Address _____ Cell Phone _____

_____ Other Phone _____

2. Name _____ Relationship _____

Address _____ Cell Phone _____

_____ Other Phone _____

Child's Physician: _____ Phone: _____

Persons permitted to remove child:

Mother _____ yes _____ No

In the case of divorced parents:

Parent with legal custody :

Father _____ yes _____ No

_____ Mother _____ Father

we must have court papers on file to support custody agreements

Other persons authorized by the parents or guardian to take the child from the facility: (if different from above). If none, indicate, "None".

Name and address Phone Relationship

Name and address Phone Relationship

*Special instructions regarding eating habits, toilet training or other areas of concern:

NOTICE:

Please return application(s), along with the registration form and non-refundable registration/enrollment fee for each child that you desire to enroll in Crosswater Christian Academy. The non-refundable registration/enrollment fee is due upon registration by check or cash. All required notarized papers, birth certificates, immunization, physical and enrollment packets are due before your child enters school.



GENERAL INFORMATION

CHILD'S LEGAL NAME _____ NICKNAME _____

Does your child seem to be more ____ Left or ____ Right handed ?

Circle the contagious diseases your child has had:

MEASLES MUMPS CHICKEN POX SCARLET FEVER WHOOPING COUGH

What fears does your child have and how have you dealt with them? _____

Does your child take a nap? Yes or No

What are your child's eating habits?

Does he/she have any allergies you are aware of at this time? Yes or No (if so please list them)

How do you discipline your child?

Circle behavioral habits: Nail biting, Finger sucking, Biting, Temper Tantrums,

Other: _____

How do you work with your child regarding this?

Do you read to him/her? ____ What are his/her favorite books and stories?

Do you have any learning/academic concerns?

Any other concerns?



Parent Info

The purpose of this application is to provide a life-source file for the teachers and students of Crosswater Christian Academy. The information from this file will aid in the expansion of teaching options and give a variety of learning experiences to challenge the continuing growth of the students. We feel that parental involvement is a vital part of the Christian child's experience. Paternal input and involvement is an important resource for this program.

Thank you for your time in filling out this application and volunteering to further the education of the students and broaden their world.

Name _____ Date _____

Address _____

Phone _____ work _____ cell Age _____

Employment: Present

Past _____

Education: _____

Life changing experiences:

Special Hobbies:

Travel Experiences:

Volunteer Experiences:

Other: _____

_____ Room Parent _____ Chapel Speaker _____ Guest Mystery Reader

_____ Volunteer (special projects, aide, parties)



CONSENT FOR TREATMENT

I, hereby constitute and appoint Crosswater Christian Academy my true and lawful attorney, for the purpose of authorizing medical treatment and the performance of any procedure determined to be necessary after consultation with emergency or family physician on my child. Crosswater Christian Academy does not carry accident insurance for each child. It is the responsibility of the parent to carry insurance for their own child.

**Required to be filled out.*

*Child's Full Legal Name _____ *Birthdate _____

*Allergies _____

*Family Physician _____

*Physician's Phone Number _____

*Physician's Address _____

*Medical Insurance Carrier _____

*Policy # _____

*PLEASE NOTE: Do **NOT** sign or complete the rest of the form until in the presence of the notary!*

*SIGNED _____
(Mother, Father, or Legal Guardian)

*The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

* _____
Official Signature Of Notary

*Name of Notary - Typed Printed or Stamped



At Crosswater Christian Academy, we consider your child's safety and the safety of our staff our highest priority, therefore it is critical that we know who is entering our building at all times. When you scan your Avigilon Alta app it uses mobile credentials for secure and convenient entry. Avigilon uses a cloud-based, comprehensive video management with AI -powered analytics, allowing for real-time monitoring and smart alerts to optimize safety. When you scan your Avigilon Alta app, you are recorded and verified as the person who is entering the building and it is your responsibility to maintain the integrity and safety of our door lock system.

Parents must use the outer keypad to access the building at all times.

Please do not allow anyone else to enter with you. Each parent must has his/her own Avigilon app code to unlock the door. This is especially important if you do not know the person at the door with you.

Please sign below that you have read and agree to abide by the above entry requirements.

Mother's Signature

Date

Father's Signature

Date

-or-

Guardian's Signature

Date

Guardian's Signature

Date



FOOD RELATED PRESCHOOL ACTIVITIES PERMISSION SLIP

Date

Please check the appropriate statement for your child below.

Child's Name

Class

_____ My child **DOES NOT** have a food allergy or dietary restriction and has my permission to participate in food related activities.

_____ My child **DOES** have a food allergy or dietary restriction. He/she may participate in food related activities, but may **not eat or handle** the following items:

_____ My child **DOES** have a food allergy or dietary restriction. (List below)

He/She **MAY NOT** participate in food related activities

Parent's signature



Reminder: We are a NUT-FREE School – thank you!



WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

*Please Note: We must have an individual Hold Harmless Agreement for each child enrolled in the Academy.

I, _____, declare and certify that I am the parent and/or legal guardian
(Parent or Legal Guardian's Name)

of _____ ("Child"), and that Child is currently a minor under 18 years of
(Child's Name)

age in my custody and care, and that I am legally authorized to enter this agreement on Child's behalf.

In order for Child to be enrolled at Crosswater Christian Academy (CCA), I represent and agree (and on behalf of my child agree), to hold harmless, and forever release and discharge CCA and Crosswater Community Church (CCC) and its members, contributors, administrators, trustees, officers, employees, agents, successors and assigns, from and against any and all claims or liabilities for any injuries or illness whatsoever, including without limitation, injuries to my person and/or property, physical illness, emotional distress, disability, exposure to infectious organisms and disease, and delays in the ability to access emergency medical treatment, arising out of or incident to any participation by my child and/or me and brought on by me, my child, a family member, another participant, or church employee, church volunteer, or any other person arising from or relating to my child's or my participation or connection in CCA's preschool programs, events, and/or activities.

I agree to indemnify and hold harmless from all losses, liabilities, damages, costs or expenses (including, but not limited to, reasonable attorney fees, other litigation costs and expenses) incurred by CCA as a result of any claims or suites that I.) Parents/Guardians, II.) anyone claiming by, under or through Parents/Guardians, or III.) any third party, may bring against CCA to recover any losses, liabilities, costs, damages, or expenses which may arise during or result from Child's participation in CCA's conduct of its preschool business.

This Agreement shall be construed in accordance with the laws of the State of Florida, and that any mediation, suit, or other proceeding must be filed or entered into only in the federal or state courts of Florida. We agree that any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect upon the enforceability of the Agreement's remaining provisions. Parents/Guardians acknowledge having carefully read and reviewed this waiver, release, ad hold harmless agreement and Parents/Guardians represent they fully understand and voluntarily execute the same.

DATED: _____

PARENT'S/LEGAL GUARDIAN'S SIGNATURE: _____

PARENT'S/LEGAL GUARDIAN'S PRINTED NAME: _____



I have read the below requirements and legislation required for all parent(s)/guardian(s) who enroll their child in a Florida Child Care Facility.
(Only one parent/guardian needs to sign.)

Signature _____ Date _____

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 CENTER”.
CCA’s License Number is C07SJ0079

Section 65C-22.005(4)(c)2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility which is located in our parent handbook.

Additional Legislation:

During the 2018 legislative session, a new law was passed that requires child care facilities to provide parents, during the months of **April** and **September** each year, with information regarding the potential for **distracted adults** to fail to drop off a child at the facility/home and instead leave them in the adult’s vehicle upon arrival at the adult’s destination.

FLU NOTICE F-200 - During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the **influenza virus (the flu)** every year during **August** or **September**.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



Parent Acknowledgement

Student Name (please print) _____

Parent/Guardian Name #1 (please print) _____

Parent/Guardian Name #2 (please print) _____

Address _____

Parent/Guardian #1 Ph. # _____ Parent/Guardian #2 Ph. # _____

Our enrollment packet and parent handbook were created to promote an understanding of the policies and procedures at Crosswater Christian Academy while ensuring gathering of all required information to optimize the safety of each of our students.

The information in our parent handbook applies to all activities occurring on the school grounds and during any school related activity. It is important that students and parents are familiar with these expectations.

Please remove the following page, sign it, and return it to your child's teachers. It will be added to your child's personal file in the front office. Your signature means that you have received CCA's Parent Handbook and understand the policies and procedures of Crosswater Christian Academy.

This is a REQUIRED document that MUST be on file before your child attends Crosswater Christian Academy.

I have read and understand the policies and procedures in the CCA Parent Handbook. I agree to abide by them as will my child/children.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____