

2020-21 RE-ENROLLMENT (VPK Form)

Parkridge Christian Academy

Child's Name _____ Age (9/1/20) _____ Date of Birth _____
 Father's Name _____ Mother's Name _____
 E-mail Addresses (if changes) (f) _____ (m) _____
 Address (if changes) _____ Phone (____) _____

Enrollment is for the VPK year only. VPK year mirrors Broward County School's calendar.

I (we) have read, agree, understood and will fully comply with Parkridge Christian Academy in routine matters including policies, procedures, rules, regulations and discipline as outlined in the Parent Handbook.

(Please initial each item listed below)

- Medical Release Form (Appendix 1 in Parent Handbook) _____
- Discipline Policy (Appendix 2 in Parent Handbook) _____
- Allergy Policy, Snack Policy & Lunch Policy Form (Appendix 3A, B, C) _____
- Release (Appendix 4A, B, C) _____
 - Photo has/does not have _____
 - Phone has/does not have _____
 - Address has/does not have _____
 - On-Site Field Trip has/does not have _____
- Handbook Agreement & Tuition Agreement Form (Appendix 5A, B) _____
- Behavior/ Expulsion Policy (Appendix 6) _____
- Physical Activity Participation Policy (Appendix 7) _____
- Food Activity Permission Form (Appendix 8) _____

Re-enrollment Procedures...

- **Submit re-enrollment form along with non-refundable registration fee (\$175 by 31st. Starting Monday, February 3rd re-enrollment fee will be \$225.) Registration fee is required if you are using any hours before or after VPK hours or outside the VPK year. No fee is required if only using VPK hours during VPK year.**
- **Attend the VPK Information Meeting on Thursday, February 27th @ 5:30PM**

• **My child will be attending:**

☒ **July** M☒ T☒ W☒ Th☒ F☒ ½ Day ☒ Full Day☒
 ☒ **August** M☒ T☒ W☒ Th☒ F☒ ½ Day ☒ Full Day☒

☐ **My child will start school on the first day of VPK (8/19/20 tentative)**

My choice for VPK schedule is:

- VPK 5 days 9:00AM-12:00PM
- VPK 5 days 9:00AM-3:00PM
- VPK 5 days wrap around (7:30AM-5:30PM)
- **I would like to enroll my child in extended care (5:30PM-6:00PM)**

Parent or Guardian Agreement Form

Parkridge Christian Academy

By completing the re-enrollment application form for my child to attend Parkridge during the 2020-21 program year, I agree to support the administrative, disciplinary, and spiritual standards of the school.

- I, the parent (or legal guardian), give permission for my child to take part in all school activities and absolve the school from liability to my child because of any injury to my child at school or during any school activity. _____(Parent/guardian initial) _____(Parent/guardian initial)
- I, the parent (or legal guardian), agree to pay the tuition fees and any late charges that may accrue as a result of not paying by the given deadline (if applicable). _____(Parent/guardian initial)_____ (Parent/guardian initial)
- I, the parent (or legal guardian), agree to provide the preschool's office with my child's current immunization and school entry records. These records will remain up to date and stay on file in the preschool's office. _____(Parent/guardian initial) _____(Parent/guardian initial)
- I, the parent (or legal guardian), agree not to send my child to school if my child is ill, so as to prevent illness from spreading to other students. _____(Parent/guardian initial) _____(Parent/guardian initial)
- Parkridge reserves the right to refuse any application or dismiss any student at any time for unacceptable conduct or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Parkridge. _____(Parent/guardian initial) _____(Parent/guardian initial)
- I understand that changes to scheduling and/or financial consideration must be discussed with the preschool/financial office. _____(Parent/guardian initial) _____(Parent/guardian)

We, the parents (or guardians), of _____, have read this parent
(Child's name)

agreement form and the parent handbook and agree, understand and will comply with the policies and purpose of PCA. _____(Parent/guardian initial) _____(Parent/guardian)

We, as parents (or guardians), further understand and support the Bible and religious training implemented in the daily schedule of the Parkridge program. _____(Parent/guardian initial) _____(Parent/guardian)

For Office Use Only

Date received: _____ Applicant contacted: _____

Classroom placement: _____

Registration fee paid: Yes No N/A Date: _____ Extended Care: _____