

# Viera Children's Academy VPK Enrollment Application

Please complete application in full and legibly

Child's Full Name \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Sex Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Home Tel # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Employer \_\_\_\_\_ Work Hrs \_\_\_\_\_  
Work Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Job # \_\_\_\_\_  
Father's Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address (if different from child) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Hrs \_\_\_\_\_  
Work Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Job # \_\_\_\_\_  
Mobile # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Primary residence: Mother \_\_\_\_\_ Father \_\_\_\_\_ with both \_\_\_\_\_  
Who has legal custody? \_\_\_\_\_  
Can the non-custodial parent pick up the child? \_\_\_\_\_ yes \_\_\_\_\_ no

Fees are in effect from August through May, fees are not for children in VPK only. Fees apply to those children in Lunch Bunch, Wrap Around Care, and the Enhanced VPK Program. Enrollment is on a ten-month semester basis. Summer program is available. Tuition is due on the Friday prior to services rendered. Any tuition received after the following Tuesday must be paid in cash with a \$20.00 late fee. \_\_\_\_\_ **(initial here)** if tuition is not paid by Friday, the child will not be permitted to return to the program. **There are no refunds or reductions for vacation, illness, absences, early pick-ups, or inclement weather days.** Any fees incurred as a result of tuition balances referred to a collection agency is the sole responsibility of the parent \_\_\_\_\_ **(initial here)**. Enrollment of the child requires a **\$100.00 non-refundable registration fee**. We offer sibling discounts. Any child who is picked up after **contracted hours** will be charged \$20.00 for every fifteen minutes thereafter (please see Policy Agreement). After 6:00 pm with no call from parents, VCA will contact the local Police Department and the child will be taken to the local Precinct. We reserve the right to terminate this contract if any fees are not paid in full or if the school feels it is in the best interest of both parties to do so.

Desired Start Date \_\_\_\_\_ Referred by \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Weekly Tuition: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Care Needed:**

- VPK only**
- VPK with Wrap Around**
- VPK With Lunch Bunch**
- VPK Enhanced Program (Limited Availability)**

**Arrival Time** \_\_\_\_\_ **Pick-up Time** \_\_\_\_\_

Do you anticipate your child having any specific problems adjusting to school?  
\_\_\_\_\_

Has your child had any previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

**Does your child have any allergies?** \_\_\_\_\_

Are there any medical problems we should be aware of?  
\_\_\_\_\_

Does your child have any bladder or bowel irregularities?  
\_\_\_\_\_

Are there any special foods or eating instructions?  
\_\_\_\_\_

Is there any additional information such as discipline, child's communication, comforting, and so on? \_\_\_\_\_

Before coming to VCA, who has been caring for your child?  
\_\_\_\_\_

How does your child react to separation from you?  
\_\_\_\_\_

Describe your child's temperament, behavior, and activity level  
\_\_\_\_\_

What are your child's favorite activities?  
\_\_\_\_\_

What are your child's **least favorite** activities?  
\_\_\_\_\_

Does your child have any particular habits or mannerisms such as thumb sucking, nail biting, etc.? Please describe \_\_\_\_\_

Does your child have any physical handicaps? \_\_\_\_\_

Emotional difficulties? \_\_\_\_\_

Language problems? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

Any other difficulties (e.g. sleeping, eating, aggression)? \_\_\_\_\_

How does your child react to strange adults? \_\_\_\_\_

**Is your child toilet trained?** \_\_\_\_\_

Please understand that children attending the VPK program **MUST** be fully toilet trained and in control of bodily functions. Children must be in underwear and be able to attend to their toileting needs. Guidance will be offered as needed. \_\_\_\_\_ (initial here)

What does your child normally eat & drink? \_\_\_\_\_

How do you normally discipline your child? \_\_\_\_\_

Is there anything special about your child that the staff should be made aware of?

Any suggestions for the staff? \_\_\_\_\_

Do you have other children? \_\_\_\_\_

**Name**

**Age**

**School**

<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>School</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child Care Information**

Previous experience(s) in childcare (include dates): \_\_\_\_\_

Are there any holidays/celebrations you **DO NOT** want to participate in? \_\_\_\_\_

Are there any foods you **DO NOT** want your child to eat? \_\_\_\_\_

Any other information about your family or child that you wish us to know: \_\_\_\_\_

The following people are allowed to pick up my child:

**Name**

**Relationship**

**Phone**

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Phone</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child's Physician** \_\_\_\_\_ **Tel #** \_\_\_\_\_

**First Aid**

In the event of an emergency I authorize the staff of VCA to provide any first aid care deemed necessary for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Care**

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency treatment deemed necessary for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Field Trips**

I understand that field trips are an integral part of the curriculum and that my child will be secured in a seat belt or child safety device if being transported in a car or bus on a field trip. I also understand that I will be given prior notice of all field trips. With this understanding, I hereby give permission for the staff and volunteers of VCA to take my child on field trips while he/she is enrolled in the program.

**Photo Permission**

In order to capture our children during work time and/or at play photographs may be taken by VCA or the media (magazines, newspapers etc). I/We give permission for VCA to use our child \_\_\_\_\_'s photograph on the website, fliers, brochures, or any other publication pertinent to VCA. We realize our child's first or last name will not be used in such publications.

I/We certify that all of the information given on this form is correct and accurate to the best of my/our knowledge. I/We promise that I/We will notify the provider, if any or all of the information changes.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

VCA Director \_\_\_\_\_ Date \_\_\_\_\_

I have read the agreement entitled "Parent Handbook and Policy Agreement" and accept the conditions stated therein:

Signature of Parent/Guardian responsible for tuition \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Signature of Director \_\_\_\_\_

**There are no tuition allowances/refunds/deductions for absences, illness, vacation, holidays or inclement weather days.** \_\_\_\_\_ (initial here)

**I understand the policy regarding late pick-up fees** \_\_\_\_\_ (initial here)

**Attorney Fees and Collection Costs**

If you do not comply with your obligations under this Agreement, you agree to pay the reasonable attorney fees, expenses and court costs incurred by VCA in order to collect your account or protect our rights. \_\_\_\_\_ (initial here)

**Uniforms**

Please be advised that VCA is a uniform mandated school and my child/ren is/are required to wear uniform Monday through Thursday beginning August and ending in May/June of the school year. \_\_\_\_\_ (initial here)