

# Southwest Ranches Christian Academy

## Admission Form

CERTIFIED BY FLOCS #4560

### STUDENT INFORMATION

Student's Legal Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Is the student a United States Citizen? Yes or No

Email Address: \_\_\_\_\_

Please provide a Security Code Word \_\_\_\_\_

### FAMILY INFORMATION

Father/Guardian full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

**Mother/Guardian full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home address (if different than student's)** \_\_\_\_\_

**Family/Marital relationships (check all that apply): Natural parents are:** \_\_\_\_\_ **Together at home**  
\_\_\_\_\_ **Separated** \_\_\_\_\_ **Legally divorced**  
\_\_\_\_\_ **Natural mother deceased** \_\_\_\_\_ **Natural father deceased**

**If parents are divorced or separated, who has legal custody of the child?** \_\_\_\_\_

**Is either parent forbidden by court order from having equal access to the child or the school records? Yes No**  
**(Attach a copy of court documents)**

**Has any member of your family attended Southwest Ranches Christian Academy in the past? Yes No**  
**If yes, why did he/she leave?** \_\_\_\_\_

**EMERGENCY CONTACT/RELEASE INFORMATION**

If the Parent/Legal Guardian cannot be reached, the following individuals may be contacted in case of illness, injury, or emergency. It is the Parent/Guardian's responsibility to keep this list current.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I give permission to my child to participate in all indoor as well as outdoor activities at school. If the school is unable to contact a parent/guardian in case of emergency, a staff member of Southwest Ranches Christian administrative staff will call 911 to transport my child to a hospital.

In the event if I am unable to pick up my child the following are authorized to pick him/her up. I will notify the school whenever one of the below will be picking up my child. It is also understood that identification and authorization will be checked prior to release of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_ Name: \_\_\_\_\_ Phone:  
\_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I hereby certify that I have read and agree to comply with all the above as well as all school regulations as specified in the information admissions package.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**FLOCS ACCREDITED**

Broward County Child Care Code, Ordinance No. 89-21 Section 7-6.04, states that parents/ guardian shall give the school written instructions to follow in the event of an emergency, in order to arrange for immediate treatment for the child. In compliance with the above regulation, please fill out the form below for our school records. If you have any questions concerning this matter, please feel free to contact us. Thank you in advance for your cooperation.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Medical History: injuries, allergies or medical concerns:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I hereby certify that I  
am the parent/guardian of: \_\_\_\_\_

(child's name)

and give my permission for the following:

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

To meet all legal requirements, I hereby authorize the Director of the preschool, or the person in charge in the event of her absence, to give my consent for all necessary emergency medical treatment for my child while said child is in said individual's custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I assume responsibility for payment of same.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

State of Florida County of \_\_\_\_\_

Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is personally known to me or who has produced Florida Driver's License # \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_

Notary Public, State of Florida Commission Number: Commission Expires: (To be renewed yearly)

## Southwest Ranches Christian Parent Pledge and Agreements

**PARENT PLEDGE OF PARTICIPATION:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that I have chosen southwest Ranches Christian Academy as the school of choice for my child. I do pledge to participate in teacher- parent conferences and other school activities.

**ATTENDANCE AGREEMENT:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that regular attendance is vital to my child's developmental, social, academic, and spiritual growth. I also understand that certain programs at Southwest Ranches Christian Academy have attendance requirements. This includes the VPK Program. I understand that failure to maintain attendance may result in the dismissal from the program.

**PHOTO/MEDIA NOTIFICATION AND RELEASE:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that my child's photograph and/or video will be taken while they attend Southwest Ranches Christian Academy Images may be used in classrooms or other appropriate areas within the Academy, as well as being used in craft projects. I understand that these photos may be placed in classroom newsletters and other social media platforms. I understand that it is my responsibility to provide the school with a written notification if I do not want my child's photography used.

**Brightwheel App NOTIFICATION:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that Southwest Ranches Christian Academy uses the Brightwheel App; For Parent communication, Payment, Calendar, etc. Staff and teachers will send messages and videos daily and weekly throughout the school day. I understand that for the security and privacy of all students, staff and families, all video and recorded media is considered the sole property of Southwest Ranches Christian Academy is to be used and reviewed ONLY by the School Director and administration without exceptions.

**AUTHORIZATION FOR OBSERVATIONS:** Parent/Legal Guardian Initials \_\_\_\_\_

I give my permission for my child to be observed for language, motor, and developmental skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that these results will be shared with me through a conference.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**MANDATED REPORTER:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that all childcare personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment Florida Abuse Hot Line in accordance with s. 39.201 of the Florida Statutes (F.S.)

**SNACKS AND LUNCHES:** Parent/Legal Guardian Initials \_\_\_\_\_

I understand that Southwest Ranches Christian Academy does not provide USDA snacks or lunches to children. I understand it is my responsibility to provide USDA approved nutritional morning snack and afternoon snack. In the event, I choose not to purchase lunch through Yummy In My Tummy, I understand that it is my responsibility to pack USDA approved lunches for my child.

**PARENTAL PLEDGE AND SUPPORT:** Parent/Legal Guardian Initials \_\_\_\_\_

I have read the Student and Parent Handbook and agree to adhere to all of the policies stated.

**Infant — VPK Programs:** Parent/Legal Guardian Initials \_\_\_\_\_

I have received a copy of the Child Care Facility Brochure "Know Your Child Care Facility." I have received a copy of the DCF "The Flu" A Guide for Parents

**I have read, consent to, and support all the above authorizations, pledges, and agreements as stated above and as required by the Southwest Ranches Christian Academy handbook, policies, and procedures, as well as State regulating agencies.**

**20\_\_** School Year I understand that my child is being enrolled at Southwest Ranches Christian Academy and will be attending programs for the upcoming

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**ENROLLMENT AGREEMENT:** Parent/ Legal Guardian Initials \_\_\_\_\_ school year \_\_\_\_\_

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Board of County Commissioners, Broward County, Florida HUMAN SERVICES  
DEPARTMENT**

Community Partnerships Division  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

Name of Child Care Provider: Southwest Ranches Christian Academy

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Parent/Guardian:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious: (Operator/Director checks those which apply)

Breakfast  Mid-morning snack  Lunch

Mid-afternoon snack  Dinner

Evening snack

No meals or snack

The parent agrees to provide a nutritious: (Parent checks those which apply)

Breakfast

Mid-morning snack

Lunch

Mid-afternoon snack  Dinner

Evening snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

\_\_\_\_\_

Parent/Guardian Print Parent/Guardian Signature

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Operator/Director Print Operator/Director Signature

### **SWIM Central Water Safety Education Questionnaire**

Parents: Do you know that drowning is the leading cause of death among children? Complete this form to receive information to protect your child from drowning.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Date \_\_\_\_\_

Email (optional) \_\_\_\_\_ *Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability A. Unable to swim

B. Can swim a little, but NOT comfortable in deep water

C. Able to swim for an extended period in deep water

2. Has your child ever received formal swimming lessons? Yes

No, check all the reasons that apply:

I do not know how to find information about swim lessons Swim lessons are not important

The Schedule for swim lessons is not convenient

Equipment such as a swimsuit, towel, goggles is too expensive

Transportation problems

3. Do you or a family member know how to perform CPR with rescue breaths?  Yes

No

4. Has your child's doctor talked to you about drowning prevention and water safety?

Yes  No



5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?  Yes, visit Water SMART Broward Swim Instruction for details.

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child

Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: Facility License #:

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: or, date mailed: Fax: 954.357.8077 SWIM Central

3700 NW 11<sup>th</sup> Place Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: Water SMART Broward

**Southwest Ranches Christian Academy  
VPK Eligible Discount Program Policy**

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**VPK Eligible Discount Program (E.D.P)**

Southwest Ranches Christian Academy is open Monday through Friday, 7:00 am to 6:00 pm and our Eligible Discount Program are from Monday through Friday, 7:00 am through 6:00 pm. Extended hours at no charge. ALL STUDENTS should make every effort to arrive on or before 8:30 am when our program begins. Please refer to our attendance policy upon admission. Eligibility is determined by a new law extending VPK eligibility for 4-year-old with birthdays from Feb. 2 through Sept. 1 in a calendar year.

**Wraparound Fees**

Tuition is based on a 180-day school year calendar, (extended hours at no charge). Non-VPK eligible days are available to all students that are enrolled in the Wraparound program. No part time rates are available for this program.

Monthly Tuition: \$500.00

Annual fees which include registration fees, books & material fees, and activity fees are due upon registration. For currently enrolled students, the annual registration fee for the next school year is due on the 1<sup>st</sup> of August. The annual fees are non-refundable. New Hope Preschool yearly fees are as followed:

Registration: \$100.00 Activity Fee: \$100.00 Book Fee: \$200.00

Late fees, NSF/Return fees late payment fees, late pick up fees still apply to the program. Payments are due by the 1<sup>st</sup> of each month. If the first day of the month falls on a weekend, it is the parent/guardian's responsibility to make a payment that Friday. This will avoid any late payments on your child's account. Please refer to our Financial Policy for more detailed information regarding tuition agreement, withdrawal, and discounts. For your convenience, you can select our preferred choice of payment plans: Monthly, bimonthly or pay in full.

**Naps and Quiet Time**

Children benefit from scheduled periods of rest. This rest may take the form of actual napping or a quiet time for children staying all day. All children under four are required to take a nap. Children who do not fall asleep will have a quiet rest time that may involve but is not limited to looking at books or other such quiet activities.

**Chapel**

A time for music, movement, and spiritual instruction is set aside once a week Wednesdays at 10:30am. Parents and friends are invited to attend.

**Nutrition: Lunches and Snacks**

Nutrition food is essential for young, growing bodies. We encourage parents to establish sound eating habits at an early age.

Snacks. All children should have a healthy snack packed. Examples are: yogurts, vegetables, fruits (fresh or dried).

Lunches. All children staying for lunch need to either purchase a school lunch through our organic vendor (Yummy In My Tummy) or bring a lunchbox each day. Please provide meals that include the important basic food groups. Please be sure to send nutritious lunches your child will eat and enjoy. Please do not send candy, pop, or sugary foods. We have a strict no peanut policy. The choice to send lunch with your child from home. Remember

**Outdoor Play:**

Our program is designed to include outdoor play in all seasons. Children who stay in school all day need fresh air, exercise, and free time on the playground. Children will have a minimum of 60 minutes of outdoor play per day.

**I have read, consent to, and support all the above as stated and as required by Southwest Ranches Christian Academy**

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Parent/Guardian's Printed Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

