



CHRISTIAN ACADEMY

Enrollment Package
Pre-School Tuition & Fees
2019-2020

CORAL PARK CHRISTIAN ACADEMY

8755 SW 16th St. Miami, FL 33165 / Off: (305) 559-9409 / Fax: (305) 559-0237

www.coralparkchristian.org

CORAL PARK CHRISTIAN ACADEMY

2019-2020 Financial Information Page

Infants (0-12 month) \$ 5,200.00 annual tuition

Registration (Due Upon registration)	\$ 230.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition (10 pymts August – May)	\$ 520.00
Monthly Tuition (PT 8:00am -12:00pm)	\$ 420.00
Campus Security (per student)	\$ 180.00

1 Year old Program \$ 5,200.00.00 annual tuition

Registration (Due Upon registration)	\$ 230.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition (10 pymts August – May)	\$ 520.00
Monthly Tuition (PT 8:00am -12:00pm)	\$ 420.00
Campus Security (per student)	\$ 180.00

2 & 3 Year old Program \$ 5,400.00 annual tuition

Registration (Due Upon registration)	\$ 230.00
Curriculum Fee (Due July 2019)	\$ 100.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition(10 pymts August – May)	\$ 540.00
Monthly Tuition (PT 8:00am -12:00pm)	\$ 440.00
Campus Security (per student)	\$ 180.00

VPK Program with Voucher (3hrs only) \$0.00

VPK Program with Voucher 3 hrs + 3hrs FREE

Registration (Due Upon registration)	\$ 170.00
Monthly Tuition(10 pymts August – May)	FREE
Curriculum Fee (Due Aug 1st 2019)	\$ 140.00
Campus Security (per student)	\$ 180.00
Morning & AfterCare/ Monthly **	\$ 170.00
Academic Enrichment Program	\$ 250.00

VPK Program no Voucher (8:00-6:00pm) \$5,500.00

Registration (Due Upon registration)	\$ 230.00
Curriculum Fee (Due Aug 1st 2019)	\$ 140.00
Monthly Tuition(10 pymts August – May)	\$ 550.00
Monthly Tuition (PT 8:00am -2:30pm)	\$ 440.00

TUITION AND DISCOUNTS AVAILABLE

Full Tuition Payment (Due Aug 1st,2019)	5% off
Semester Payment (Due Aug 12th & Jan 6th)	3% off
Second Sibling Discount	\$ 400.00
Third Sibling Discount	\$ 500.00
Fourth Sibling Discount	\$ 600.00

DESCRIPTION OF FEES

ALL FEES ARE NON-REFUNDABLE. Fees must be honored by due date to secure your child's placement.

School Improvement Fee	\$ 350.00
VPK Graduation/all programs (Due April 1st)	\$ 60.00
NSF/Check returned Fee	\$ 40.00
Late Payment Fee	\$ 35.00
VPK 3 hrs Non instructional day	\$ 45.00
VPK 3 hrs Pre-Paid Material (optional)	\$ 90.00

Church Member Discount. (More info @ main office) Combination of discounts will not be offered

Family Referral Credit (applied only once to enrollment fee)	\$ 200.00
U.S Active Military/Veteran (credit per family/per year, proof required)	\$ 200.00

Late pick up fee apply to all programs (After 11:31am, 2:31pm or 6:01pm \$ 1.00 per minute)

All ages switching program fee	\$ 60.00
School Readiness Gap Fee (0-4 years old apply)	

* For your convenience, we accept Visa and MasterCard payments. A convenience fee of \$2.00 will be added to each transaction.

School Hours for 2019-2020

Infants - PreK3	6:30- 6:00pm
VPK Program (With Voucher)	8:30-11:30am
VPK Program (With Voucher + 3Hrs FREE)	8:30-02:30pm
VPK morning care	7:00-8:29am
VPK after care	2:31-6:00pm

Pre-School Admission: Children must be 1 year old and walking to be enrolled in the One year old program. Must be also fully potty-trained to be enrolled in K3 - VPK Program

PAYMENT SELECTION FORM (*This form must be included in the Registration package*)

I am opting for the following payment plan for the Academic Year 2019-2020 (*Please select one*)

<input type="checkbox"/> 0 – 1 Year Old Payment Plan (Half Day)	<input type="checkbox"/> 2 & 3-Year-Old Program (Half Day)
<input type="checkbox"/> 0 - 1 Year Old Payment Plan (Full Day)	<input type="checkbox"/> 2 & 3-Year-Old Program (Full Day)
<input type="checkbox"/> VPK Payment Plan (Voucher + 3 free hours)	<input type="checkbox"/> VPK Payment Plan (No Voucher - Full Day)

My signature below indicates that I have reviewed the aforementioned, fully understand my financial obligations to Coral Park Christian Academy and my willingness to cooperate fully. Furthermore, I understand that this will be the payment schedule I will be expected to adhere to for the Academic Year 2019-2020.

Print Name: _____

Parent/Guardian Signature _____ Date: _____

IMPORTANT FINANCIAL POLICIES AND OTHER INSTRUCTIONS:

- Returned checks are **NOT** re-deposited. 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 \$ 35.00 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 consecutive week a 20% 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 15% 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** cannot accept a child with fever of 100 degrees or over, head lice, rashes, or any other symptoms of contagious disease unless a doctor’s certificate has been issued that the illness will not affect any other child.
- **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 situation.



**State of Florida
Department of Children and Families
Child Care Application for Enrollment**

Student Information:

Date of Birth _____

Date of Enrollment: _____

Gender: _____

Full Name: _____

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

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:** _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel 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:

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 #
------	---------	--------	-------------

Name	Address	Work #	Home/Cell #
------	---------	--------	-------------

Helpful Information about 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 2019-2020 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), 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
------------------------------	------

Additional Information for enrollment:

Child's Social Security # (last 4 digits) _____

Mother's Driver's License: _____

Email address: _____

Father's Driver's License: _____

Email address: _____

Photos for School and Website:

I give permission for my child, _____

To participate in photos taken for the school.

Yes, I Agree

No, I do not Agree

Parent Signature _____ Date _____

Parent 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 on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school-administered programs.

CORAL PARK CHRISTIAN ACADEMY

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.

Each Student in the family in grades 6 through 8 must sign:

Student's Name: _____

Student's Signature: _____

Date: _____

Student's Name: _____

Student's Signature: _____

Date: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____