

# 2018-2019



Dear Parents,

Attached are the forms that need to be filled out and returned to complete the registration process. Your child will not be considered fully registered until ALL forms have been returned and ALL required registration fees have been paid.

You may use this page as a check list to help you with the registration process.

Forms Required by Gloria Dei:

- \_\_\_\_\_ 1) Enrollment Application
- \_\_\_\_\_ 2) #1 Emergency Form
- \_\_\_\_\_ 3) Parent Contract
- \_\_\_\_\_ 4) Tuition Payment Form
- \_\_\_\_\_ 5) Permission Slip
- \_\_\_\_\_ 6) Parent Acknowledgement
- \_\_\_\_\_ 7) Photograph Permission Form

Forms Required by Department of Children and Families:

- \_\_\_\_\_ 8) Alternate Nutrition Plan
- \_\_\_\_\_ 9) Swim Central Water Safety
- \_\_\_\_\_ 10) "The Flu" A Guide for Parents ( Please return the acknowledgment portion of the form)
- \_\_\_\_\_ 11) Know Your Child Care Facility (Please keep for your records)

In addition to these forms we will also need the following:

- \_\_\_\_\_ 12) Copy of the Child's Birth Certificate
- \_\_\_\_\_ 13) 3040 Health Evaluation Form (available from your child's pediatrician)
- \_\_\_\_\_ 14) 680 Immunization Record (available from your child's pediatrician)

Please feel free to contact me if you have any questions or concerns regarding the registration process. We look forward to getting to know your family as we join in partnership with you for the education and care of your child.

Wendy Turpin  
Early Childhood Director  
954-475-8584 ext. 142  
Wendy.turpin@gloria-dei.org



## Pre-School Guidelines For Application / Registration

Thank you for considering Gloria Dei Academy. Please follow the steps below to complete the admissions process. Your child will be placed on a waiting list until steps 1 – 4 have been completed. Prompt submission of all required documents listed below will speed the process.

### Step 1 – New Student Qualifications

- Infants must be 6 weeks or older
- Three year preschool students must be 3 years old on or before September 1<sup>st</sup>.
- VPK (four year preschool) students must be 4 years old on or before September 1<sup>st</sup>.

### Step 2 – Application

- Enrollment Forms completed with both Parent signatures when applicable.
- Guardian signatures when applicable, along with proof of legal guardianship.
- All information on the application must be completed.
- Applicants will be notified of their status within one week of receiving the application, either by a phone call or email. If the applicant is accepted but an opening is not available at the time, the family will be notified of a waiting list status

### Step 3 – Required Records

Students will not be permitted to begin school until up-to-date health records have been received.

- Florida Department of Health Physical Form DH3040
- Florida Department of Health Immunization Form DH680

In addition, the following forms must accompany the enrollment application:

- Copy of Birth Certificate
- VPK Voucher if student is enrolling in the VPK Program

### Step 4 – Fees

- Registration Fees are due once the student has been officially accepted and should accompany the enrollment forms when possible.



# GLORIA DEI ACADEMY

## Tuition and Fee Schedule 2018-2019

### Child Development for Infants - 6 weeks old through walking age

**Registration Fee** \$25.00

Due at the time of Registration (Non-Refundable/Non-Transferable)

**Tuition:** \$207.50 / Week

A daily rate may be available at \$50.00 per day. See Early Childhood Director for availability.

**Hours of Operation:** Monday – Friday 7:00 a.m. – 6:00 p.m.

Tuition is due weekly. There will be a \$15.00 late fee for any invoice that is not paid within two weeks.

### 1 year olds and 2K ♦ 2 year old Pre-Kindergarten

**Registration Fee** \$125.00

Due at time of Registration (Non-Refundable/Non-Transferable)

**Full Day** (7:00 a.m. – 6:00 p.m.)

5 days - \$ 655.00 / Month	3 days - \$510.00 / Month	2 days - \$410.00 / Month
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**Half Day** (7:00 a.m. – 12:00 p.m.)

5 days - \$ 460.00 / Month	3 days - \$390.00 / Month	2 days - \$330.00 / Month
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Tuition is due on the 1<sup>st</sup> of each month, no later than the 15<sup>th</sup>.

There will be a \$15.00 late fee for any balance that is not paid by the 15th.

An additional or emergency day may be available at \$48.00 for full day and \$38.00 for half day.

Contact our Early Childhood Director for availability.

### 3K ♦ 3 year old Pre-Kindergarten

Child must be 3 on or before September 1st

**Registration Fee** \$100.00

Due at time of Registration (Non-Refundable/Non-Transferable)

The tuition for 3K is not monthly, but rather a yearly tuition for the 180 days of school. For billing convenience it is broken down into ten monthly payments. **Monthly tuition for students beginning after the start of the school year will be pro-rated for remaining days so the monthly amount will vary.**

**Full Day** (7:00 a.m. – 6:00 p.m.)

5 Days

**Yearly**

\$ 6,480.00

**Monthly (August – May)**

\$ 648.00

3 Days

\$ 5,200.00

\$ 520.00

2 Days

\$ 3,950.00

\$ 395.00

**Half Day** (7:00 a.m. – 12:00 p.m.)

5 Days

\$ 5,550.00

\$ 555.00

3 Days

\$ 4,060.00

\$ 406.00

2 Days

\$ 3,190.00

\$ 319.00

Tuition is due on the 1<sup>st</sup> of each month, no later than the 15<sup>th</sup>.

There will be a \$15.00 late fee for any balance that is not paid by the 15<sup>th</sup>.

An additional or emergency day may be available at \$48.00 for full day and \$38.00 for half day.

Contact our Early Childhood Director for availability.

**Data Entry Date:** \_\_\_\_\_

If yes, why did he/she leave?

## Academic/School History

School presently attending or last attended: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Reason for changing schools: \_\_\_\_\_

Has your child ever repeated a grade? No \_\_\_\_ Yes \_\_\_\_ If yes, state grade and date: \_\_\_\_\_

Has your child ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs)

No \_\_\_\_ Yes \_\_\_\_ If yes, please give details:

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## Medical

Is there any information you can share with us that will help in meeting your child's particular needs? \_\_\_\_\_

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Student has difficulty in: \_\_\_\_ Speech \_\_\_\_ Vision \_\_\_\_ Hearing \_\_\_\_ ADD \_\_\_\_ ADHD \_\_\_\_ other \_\_\_\_\_

Please list any environmental, food, or drug allergies: \_\_\_\_\_

Please list medication taken on a regular basis and the dosage given: \_\_\_\_\_

Emergency contact information (other than parents):

Name	Relationship to Child	Home #	Cell #	Work #
Name	Relationship to Child	Home #	Cell #	Work #
Name	Relationship to Child	Home #	Cell #	Work #
Name	Relationship to Child	Home #	Cell #	Work #

## Spiritual

Family Church Affiliation - Denomination: \_\_\_\_\_ Home Church \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you interested in:

\_\_\_\_ Learning more about the Lutheran Church?  
\_\_\_\_ Speaking with a Pastor?

\_\_\_\_ Having a child baptized?

Do you desire a Biblical, Christ-centered education for your child? \_\_\_\_ Yes \_\_\_\_ No

Do you desire your child to receive training according to the principles and doctrine outlined in our Philosophy of Education and Statement of Faith, and will you support the school in its endeavors to encourage and to guide your child in applying these doctrines to life? \_\_\_\_ Yes \_\_\_\_ No

# 1

Gloria Dei Academy  
7601 SW 39th Street  
Davie, Florida 33328  
Child Care Facility License #45097

**PASSWORD\***

## Required Emergency Information (Please Print)

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's/Guardian's Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's/Guardian's Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Siblings Attending Gloria Dei? \_\_\_\_\_ Name(s) \_\_\_\_\_

## Emergency Contacts (Please Print)

Please list below, in order of preference, three additional individuals to contact in case of an emergency.  
The individuals should be in the South Florida area and able to pick up the child in case of illness.

Name	Phone Number	Relationship
1.		
2.		
3.		

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

May another physician be called if unable to contact the above? \_\_\_\_\_

Special Health Concerns/Instructions/Allergies: \_\_\_\_\_

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

**Please Note:** No medication can be given at school without written authorization from a physician and a #5 form completed by a parent / guardian. This includes over-the-counter medications, aspirin, Tylenol, etc.

## Persons Authorized to Remove Child (Please Print)]

Mother \_\_\_\_\_ Father: \_\_\_\_\_

NAME	RELATIONSHIP
1.	
2.	
3.	
4	

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

My signature below indicates that I have read, understand and agree with the Parent Contract.

In making application for my child to attend Gloria Dei Lutheran Academy:

- I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, and disciplinary and to maintain the basic principles of Biblical morality in my home.
  - I agree to cooperate fully with the teachers and administration of Gloria Dei Lutheran Academy and understand that failure to do so may result in my child's severance from the school.
  - I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
  - I agree to support the school to the best of my ability through prayer, time and participation in the various school activities.
  - In the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:  
     Contact a parent of the child and follow the instructions given.  
     Contact the child's physician and/or emergency medical personnel and follow instructions given.
  - If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the school administration or their designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the school administration or their designee, Gloria Dei Lutheran Academy and Gloria Dei Lutheran Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical and surgical services as soon as reasonably possible after the need arises.
  - In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby release, indemnify and hold harmless Gloria Dei Lutheran Academy and its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Gloria Dei Lutheran Academy students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned nor leased by Gloria Dei Lutheran Academy or Gloria Dei Lutheran Church, whether caused in whole or in part by the negligence of the operator of any such vehicle.
  - In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby agree to submit to binding Christian arbitration any matters which cannot otherwise be resolved; and expressly waive any and all right in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.
- \_\_\_\_ initial] • I understand that once the parent contract has been signed and the enrollment fee paid, I am responsible to pay in full any outstanding balance even if I voluntarily withdraw my child or my child is dismissed from the school. Records will not be forwarded to another school until all financial obligations have been satisfied. Any cost associated with the collection of tuition and fees, including reasonable attorney fees, will be paid by the responsible parties.
- \_\_\_\_ initial] • I understand I will be responsible for a \$100.00 Early Withdrawal Fee if I withdraw my child with less than a thirty (30) day notice.
- Gloria Dei Lutheran Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Gloria Dei Lutheran Academy.
- \_\_\_\_ initial] • I understand the registration fees are non-refundable and non-transferable.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian—Person Responsible for Payment)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian—Person Responsible for Payment)



**GLORIA DEI**  
ACADEMY

**Tuition Payment Form**  
**2018-2019**

Responsible Party Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I am registering for and I am agreeing to pay for the program checked below:

Infants (7:00 a.m. – 6:00 p.m.) ☐ \$207.50 Weekly ☐ \$50.00 Daily (may be available)

- Tuition is due weekly. A \$15.00 late fee will be added for invoices not paid within two weeks.

1yr. olds and 2K - Full Day (7:00 a.m. – 6:00 p.m.)

☐ 5 days @ \$655.00 per month ☐ 3 days @ \$510.00 per month ☐ 2 days @ \$410.00 per month

Any additional or emergency days will be billed at \$48.00 per day.

1yr. olds and 2K – Half Day (7:00 a.m. – 12:00 p.m.)

☐ 5 days @ \$460.00 per month ☐ 3 days @ \$390.00 per month ☐ 2 days @ \$330.00 per month

Any additional or emergency days will be billed at \$38.00 per day.

3K (3 Yr. Pre-Kindergarten) - Full Day (7:00 a.m. – 6:00 p.m.)

☐ 5 days @ \$648.00 per month ☐ 3 days @ \$520.00 per month ☐ 2 days @ \$395.00 per month

10 payments – August through May Any additional or emergency days will be billed at \$48.00 per day.

3K (3 Yr. Pre-Kindergarten) - Half Day (7:00 a.m. – 12:00 p.m.)

☐ 5 days @ \$555.00 per month ☐ 3 days @ \$406.00 per month ☐ 2 days @ \$319.00 per month

10 payments – August through May Any additional or emergency days will be billed at \$38.00 per day.

4K (4 Yr. VPK) Extended Care (7:00 a.m. – 8:30 a.m. and 11:30 a.m. – 6:00 p.m.)

☐ 5 days @ \$415.00 per month

- All tuition payments for the 1 year olds through 4year olds are due on the first of the month.
- A \$15.00 late fee will be added for any balance not paid by the 15<sup>th</sup>.
- Tuition for the entire month is due whether or not your child is in attendance.
- 30 day advance notification in writing is required when withdrawing a student. Until formal notification is received, tuition responsibility continues.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# GLORIA DEI ACADEMY

## Parent Permission Form 2018-2019

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

Grade: \_\_\_\_\_

### Field Trip Permission

Students of Gloria Dei Early Learning Center often go across campus to use the computer lab, the library, the gymnasium, etc. The Department of Children and Families considers these crossings to be "Field Trips." My son/daughter has my permission to attend all "on campus field trips" taken by Gloria Dei Early Learning Center. I will not hold Gloria Dei Lutheran Academy or instructors liable in case of accident or injury.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

### Information Permission

As parent or guardian, I grant my permission to share my address and telephone number with the other classmates of my child. This is helpful in corresponding with other parents for class parties, birthday parties, newsletter mailings, etc. This information is not to be utilized for solicitation.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date



**GLORIA DEI**  
ACADEMY

## Parent Acknowledgement Form 2018-2019

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

Grade: \_\_\_\_\_

### Early Childhood Handbook

The handbook for Gloria Dei Lutheran Academy's Early Childhood Program has been written to provide parents with information regarding the policies of our school. It is the parent's responsibility to read the handbook, familiarize themselves with the school policies, and discipline and withdrawal statements, and to read the newsletters and notices sent home by the teachers and the office.

Parents also have the responsibility to provide the school with updated home, work, cell and emergency telephone numbers.

By signing below, the parent acknowledges they have read and are in agreement with the statements in the handbook.

This signed form will be part of your child's file.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

### Know Your Child Care Center

The Department of Children and Families requires all child care providers to include the brochure entitled "Know Your Child Care Facility" in their registration materials.

By signing below, the parent acknowledges they have received and read the brochure.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date



**Gloria Dei Lutheran Academy**  
**Permissions to Display Student Work and Photographs**  
**2018-1019 School Year**

Dear Parent/Guardians,

By signing the form below, you give permission for your child's work and/or photograph to be used by Gloria Dei for informational purposes, such as in our newsletter or on our website, and for advertising purposes such as mailers, brochures, and local newspapers. We are concerned with the privacy and safety of our students. Because of this, we will honor any and all limitations that you may place on this consent to publish.

His/her name    **may**        **may not**        be included. (Please circle one)

Please bear in mind that because a large number of school and class photographs taken throughout the course of the school year will appear in our newsletter and on our website, your child will not be included at the time the photos are taken if you choose to withhold permission. Thank you.

If you do not want your child's picture or work displayed please check here: ☐

This school year Gloria Dei Lutheran Academy will have an Academy Directory with the names, addresses and phone numbers of families with students currently enrolled. This directory is for the sole purpose of allowing families to contact and communicate with each other.

If you do not want your family's information included please check here: ☐

\_\_\_\_\_  
Print Student' Name

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DIVISION  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

GLORIA DEI LUTHERAN ACADEMY  
7601 SW 39 STREET  
DAVIE, FL 33328

\_\_\_\_\_  
Date

Dear Parent:

In accordance with the Broward County Child Care Ordinance, parents and child care facilities/homes are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return to Gloria Dei Lutheran Academy.

The parent agrees to provide a nutritious:

Mid Morning Snack and Mid Afternoon Snack

The parent agrees to provide a nutritious:

Lunch

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

\_\_\_\_\_  
Operator/Director Signature

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



**SWIM CENTRAL WATER SAFETY EDUCATION**  
**QUESTIONNAIRE**

Child Care Program: Gloria Dei Lutheran Academy

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

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

Age: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

		Yes	No
1.	Has your child ever taken swim lessons?		
2.	Can you child roll over and float on his/her back?		
3.	Can your child swim to the side of the pool?		
4.	Have you taken a Community Water Safety Course?		
5.	Is anyone in your household certified in CPR?		

Additional Comments: \_\_\_\_\_

**Please mail or fax this form to:**

**SWIM Central**  
**3700 NW 11 Place**  
**Lauderhill, FL 33311**  
**Fax: 954-357-8077**  
**Phone: 954-357-SWIM (7946)**



**Providers: You must have documentation that this form has been submitted.**

If you faxed this form, write the date you faxed it here: \_\_\_\_\_

If you mailed the original form, this one should be a COPY. Write date mailed here: \_\_\_\_\_