

2017-2018



GLORIA DEI ACADEMY

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 1st.
- VPK (four year preschool) students must be 4 years old on or before September 1st.

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.

Tuition and Fee Schedule 2017-2018



The Infant Center | 6 weeks old – 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.

The Child Development Center | 1 year old – 2 years old

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

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

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

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.

The Learning Center | Pre-K 3 years old

Registration Fee \$100.00

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

The tuition for the Learning Center 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.

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 1st of each month, no later than the 15th.

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.

Date: _____

Grade Applying For: _____

Referred By: _____

Acceptance Date: _____



GLORIA DEI ACADEMY

Business Office Use Only:

☐ App. Fee ☐ Testing Complete

☐ Reg. Fee ☐ Copy of BC

☐ Instruct. Fee ☐ Health Forms

Teacher Assigned: _____

☐ Half Day ☐ Full Day

Starting Date: _____

Data Entry Date: _____

Enrollment Application 2017-2018

Student Information

Student's Legal Name: _____ Preferred Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Sex: Male ____ Female ____

Date of Birth: _____ Social Security # _____ (Please attach copy of card.)

Native Country: _____ Citizenship: _____

Race: (Please check ONE) Native American ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Bi-Racial ☐ Other ☐

How did you hear about Gloria Dei Lutheran Academy? _____

Family Information

Father/Guardian Full Name: _____ Date of Birth: _____

Address (if other than student's) _____ Home Phone: _____

Social Security # _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Email: _____

Mother/Guardian Full Name: _____ Date of Birth: _____

Address (if other than student's) _____ Home Phone: _____

Social Security # _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Email: _____

Family/Martial Relationships:

Parents: Are Married ____ Are Separated ____ Are Legally Divorced ____ (Year ____)

Were Never Married ____

Deceased: (Father) Date: _____ (Mother) Date: _____

If parents are divorced or separated, who has primary custody of child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? Yes ____ No ____

Other children currently living in the home (please list names and dates of birth):

Has any member of your family attended Gloria Dei Lutheran Academy in the past? Yes ____ No ____

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:

Medical

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

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

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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
2017-2018

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:

Infant Center (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.

CDC 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.

CDC 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.

3 Yr. Preschool 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.

3 Yr. Preschool 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.

VPK After Care (11:30 a.m. – 6:00 p.m.)

☐ 5 days @ \$415.00 per month

- Tuition for the CDC, 3 Yr. Preschool and VPK After Care is due on the first of the month.
- A \$15.00 late fee will be added for any balance not paid by the 15th.
- Tuition for the entire month is due whether or not your child is in attendance.
- Two weeks' 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 2017-2018

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 2017-2018

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
2017-1018 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: _____