

# The Cedars Preparatory Academy

## The Cedars Preparatory Application for Admission

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

Name your child prefers to be called: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ (Must be at least two years of age)

▪ **Class child is enrolling:**

12 month program (261 days). Extended care included

9 month program (180 days)       Extended care program (3:30pm – 6:00pm)

2 year old     3 year old               4 year old     Kindergarten     K - Bridge

1<sup>st</sup> Grade     2<sup>nd</sup> Grade               3<sup>rd</sup> Grade     4<sup>th</sup> Grade         5th Grade

My child will begin classes on this date: \_\_\_\_\_

Social Security Number: \_\_\_\_--\_\_\_\_--\_\_\_\_      Birth Certificate Number: \_\_\_\_\_

▪ **Family Information:**

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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Does your child have any food allergies, physical or emotional disabilities that may require special attention? \_\_\_\_\_

▪ **Emergency Information:**

Name of person authorized to act for parent in emergency: \_\_\_\_\_

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

Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I do hereby authorize emergency medical care: \_\_\_\_\_

▪ **Other Information:**

Child's Activities (hobbies, sports, other): \_\_\_\_\_

Artistic/Musical interests or talents: \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Please indicate the number of hours spent watching or interacting with:

Television: \_\_\_\_\_ On Weekends: \_\_\_\_\_

Movies/DVD: \_\_\_\_\_ On Weekends: \_\_\_\_\_

Computers: \_\_\_\_\_ On Weekends: \_\_\_\_\_

Video games: \_\_\_\_\_ On Weekends: \_\_\_\_\_

If age appropriate alternatives were suggested, would you be willing to make changes in the way your child relates to media? \_\_\_\_\_

Share with us any other information you feel we should know about your child or your family situation. (This information will be held in confidence.)

What kind of experience do you hope to have at The Cedars Preparatory Academy?  
\_\_\_\_\_

How did you learn of CPA? \_\_\_\_\_

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I certify that all information provided is complete and factually correct and that no substantive information has been omitted.

Parent /Guardian Signature: \_\_\_\_\_

**CPA has the right to dismiss your child from enrollment if he/she does not cooperate with school policies.**

## The Cedars Preparatory Academy Enrollment Contract

As the parent or guardian of a Cedars Preparatory Academy student, I acknowledge and agree that I have full authority to enter into this Contract of Enrollment with The Cedars Preparatory Academy. In consideration of CPA accepting my child for enrollment and other good and value consideration, I agree to abide by the terms and conditions of the Contract of Enrollment as set forth herein. I further agree to abide by any and all regulations of CPA.

I further acknowledge and agree that I shall be financially responsible for the payment of tuition and any and all other school associated fees of my child. I further agree that should I default in the payments of any fees due CPA, I shall be responsible for any and all expenses incurred by CPA including but not limited to, attorney fees, collection expenses, discretionary costs and court costs associated with enforcing this contract. I further understand and acknowledge that should I default in the payment of any fees due CPA my default shall result in the immediate termination of my child's enrollment.

Student: \_\_\_\_\_

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

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

**CPA admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, athletic, and other school-administered programs.**