

The Cedars Preparatory Academy

The Cedars Preparatory Application for Admission

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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:**

Elementary:

(K Thru 5th Grade)

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade

12 month program (261 days). Extended care included

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

Preschool:

(Age 2 Thru Kindergarten Bridge)

2 year old 3 year old 4 year old Kindergarten Bridge

12 month program (261 days). Extended care included

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

M, W, F 9 Month 12 Month Extended care program (3:30pm – 6:00pm)

T, Th 9 Month 12 Month Extended care program (3:30pm – 6:00pm)

My child will begin classes on this date: _____

Social Security Number: ____--____--____ Birth Certificate Number: _____

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▪ Family Information:

Father's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

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? _____

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- **Other Information (Continued):**

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? _____

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

Parent /Guardian Signature: _____ Date: _____

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

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The Cedars Preparatory Academy Enrollment Contract

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As the parent or guardian of a Cedars Preparatory Academy (CPA) 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 also acknowledge that I must give a 90 day written notice prior to withdrawing from CPA for any reason. 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.

I understand that an **Annual Application Fee of \$250** is due at the time the Enrollment Contract is submitted. Enrollment Contracts will not be accepted without the Application Fee.

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.