



# Classical Preparatory Early Academy

*Traditional Education. Transformational Learning.*



## VPK Enrollment Checklist

In order to hold your scholar's spot in our 2019-2020 Early Academy program, you will need to bring the following items and Program Fee to our Early Academy campus:

- Financial Agreement and Commitment (2 pages)
- Tuition Express Form
- Updated/ New Emergency Card
- H1N1 Immunization Form
- Discipline Policy (2 pages)
- Potty Training Policy
- Authorization for Medication Form, if necessary
- Photography Consent Form
- VPK Voucher OR Confirmation Email for Applied Voucher
- Permission for food-related activities and special occasion food consumption
- Current Physical and Immunization Records
- Original Custody / Legal Papers, if necessary
- Proof of Residency (water bill, mortgage statement, etc.)
- Parent's Photo ID
- Program Fee - Check or money order made payable to Classical Prep (varies based on the program, please refer to the financial commitment.)
- Acknowledgement of Parent Handbook (please initial here  )

**Incomplete packets will not be accepted.**

**Office Use Only:**

**Check # \_\_\_\_\_/Money Order    Staff: \_\_\_\_\_    Date: \_\_\_\_\_**

12306 SR 52 Hudson, FL 34669  
Phone (727)379-0437 [www.ClassicalPrep.org/EarlyAcademy](http://www.ClassicalPrep.org/EarlyAcademy)



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## 2019-2020 Financial Agreement Tuition and Program Fees

Parents enrolling their child(ren) into Classical Prep Early Academy must agree to the following terms as part of enrollment.

Program	Hours	Annual Tuition Rate*	Monthly Tuition Rate*	Program Fee**
Toddlers	7:00 a.m. - 6:00 p.m.	\$7,900.00	\$790.00	\$100.00
Pre-K3	7:00 a.m. - 6:00 p.m.	\$7,100.00	\$710.00	\$150.00
Pre-K3	8:00 a.m. - 3:00 p.m.	\$5,200.00	\$520.00	\$150.00
VPK	7:00 a.m. - 6:00 p.m.	\$7,100.00	\$710.00	\$225.00
VPK	8:00 a.m. - 3:00 p.m.	\$5,200.00	\$520.00	\$225.00
VPK	9:00 a.m. - 12:00 p.m.	Free with voucher	Free with voucher	\$0
VPK	1:00 p.m. - 4:00 p.m.	Free with voucher	Free with voucher	\$0

**Daily drop in rate is \$15.00/hour. Advanced notice of 48 hours is required.**

**\*Tuition Rates:** Tuition can be paid annually or on a monthly basis and is established by calculating expenses associated with ensuring each child thrives in his/her learning environment with content-rich curriculum. A 3% transaction fee will be added to monthly tuition if paid using a debit or credit card.

**\*\*Program Fee:** A non-refundable annual program fee is due at the time of registration.

*A sibling discount of 5% will be applied to the oldest child enrolled OR Receive a discounted rate of 5% off total yearly rate if payment is received before June 3, 2019.*

**I agree to pay tuition in a timely manner. I understand the Early Academy's tuition is based on a 10-month school year. I also understand that if I choose to pay the full tuition in one payment prior to June 3, 2019 a discount will be given on the tuition portion of fees.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Financial Commitments

- **FREE VPK:** The program is free of charge and 100% covered by a VPK Voucher from the state of Florida. Your child's VPK Voucher **must** be turned in at the time of registration. Should you not turn in voucher the full cost of tuition, \$270 monthly, will be the responsibility of the parent/legal guardian. It is your sole responsibility to obtain a VPK Voucher from the state of Florida, Pasco County. If you do not supply a voucher to Classical Prep Early Academy, you will take full responsibility for the tuition payment of \$270 per month that the Voucher covers. Please initial here to state that you understand these terms and conditions. \_\_\_\_\_
- **PROGRAM FEE:** A NON-REFUNDABLE Program Fee, is required to secure your child's spot for the 2019/2020 school year. If you choose to unenroll your child, at any time during the school year this fee shall be forfeit. Please initial here to state that you understand these terms and conditions. \_\_\_\_\_

Toddler Program Fee - \$100.00 • Pre-K 3 Program Fee - \$150.00

VPK Part-Time (9-12 or 1-4) Program Fee - \$125.00 • VPK Full-Time (7-6 or 8-3) Program Fee - \$225.00

- **MONTHLY TUITION:** Tuition can be paid annually or on a monthly basis, please see attached Financial Agreement sheet for rates. Monthly tuition is paid the months of August – May. This breakdown of the annual tuition is in 10 equal monthly payments. Should you un-enroll at any time you forfeit that month's tuition. The amount of days your child is in school in any given month has no bearing on your monthly tuition payment plan. Please initial here to state that you understand these terms and conditions. \_\_\_\_\_
- **PAYMENTS:** All tuition is due on the 1<sup>st</sup> of each month starting August 1<sup>st</sup> and considered late if not paid by the 5<sup>th</sup> of the month. Accounts will be charged a late fee of \$50.00 if not paid by the 5<sup>th</sup> or if payment is declined at the time it is charged. We will only accept payments through ProCare with a checking account (no cash or checks will be accepted). A 3% transaction fee will be added to monthly tuition if paid by a debit or credit card. Your child will be unable to attend school if there is unpaid tuition. Please initial here to state that you understand these terms and conditions. \_\_\_\_\_
- **PROGRAM CHANGE AND WITHDRAWALS:** Parents are required to give the front office a two-week written notice if they choose to disenroll their child(ren) from Classical Prep Early Academy. Parents must also give a two-week written notice for any request to change their child(ren)'s program/classroom. Requests will only be granted if space allows due to student and teacher ratios. Any tuition adjustments will be made the following month. No refunds will be given once tuition for the month is paid. If you disenroll your child(ren) after tuition is paid for the month, it will not be refunded. You will be notified either way once programming is reviewed. Please initial here to state that you understand these terms and conditions. \_\_\_\_\_
- **LATE POLICY:** Classical Prep Early Academy closes promptly at 6:00 p.m., if you arrive after 6:05 p.m., or after your child(ren)'s program hours, a \$1 per minute charge will be added to your account. Upon arrival, you will be asked to sign an Early/Late Fee Form that states the time you picked your child(ren). Please initial here to state you understand these terms and conditions. \_\_\_\_\_

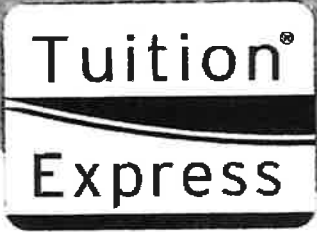
I acknowledge that I have read and understand the above listed policies and agree to adhere to the policies as stated:

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Program: \_\_\_\_\_ Tuition Rate: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings.

Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature

Check stub form with fields for payee (John Sample), bank (BANK OF THE NEST), amount, routing number (123456789), account number (18003388), and check number (0226).

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CLASSICAL PREPARATORY EMERGENCY INFORMATION CARD

Student \_\_\_\_\_ DOB \_\_\_\_\_ PROGRAM \_\_\_\_\_
Primary Phone \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_
Employed By \_\_\_\_\_ Employed By \_\_\_\_\_
Work \_\_\_\_\_ Work \_\_\_\_\_

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign my child out (photo I.D. required):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

First and last names of brothers/sisters attending Classical Preparatory \_\_\_\_\_

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation)

\_\_\_\_\_

List any medication(s) your child is currently taking (at home or school)

\_\_\_\_\_

List all health problems and/or allergies (food, medication, sting, etc.) even if previously reported

\_\_\_\_\_

Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student. It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.

PARENTAL CONSENT

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

My signature indicates my parental consent, understanding, and agreement.

PRINT - PARENT/GUARDIAN NAME \_\_\_\_\_ DATE \_\_\_\_\_
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



### What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

#### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



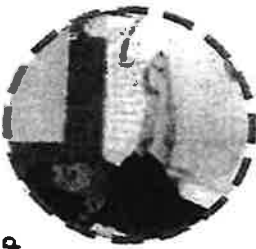
### How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

### What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



### When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

### Discipline Policy

At Classical Preparatory VPK, children are guided and directed in a positive, gentle manner. There will be no severe, humiliating, or frightening disciplinary action taken with children. When dealing with a disruptive child, a teacher will always try to talk to and redirect that child. When a child is exhibiting harmful behavior, they may be asked to sit next to the teacher or by himself or herself until he/she has gained control. Discipline will not be associated with food, rest, toileting, or active play time. Under no circumstances will there be any form of physical punishment. Upon rejoining the group, the teacher will discuss with the child his/her behavior, why it is unacceptable, and a positive way to resolve the situation. These instances will be seen as teachable moments to encourage and help the development of social/emotional skills.

**If a child's behavior causes serious harm to self/others or is repeatedly disruptive of the classroom environment, the following steps will be taken:**

**Step One:** Parents will be contacted to attend a conference with the teacher and/or Director to inform them of the child's behavior and will be encouraged to work with the school staff in finding a solution. Interventions for home and school will be discussed.

**Step Two:** A parent conference will be called and a probationary period will begin. During this time, a written behavior plan will be developed with input from teacher, parents, and the Director. We will use all resources available to resolve the problem. Any major incidents or behaviors that result in harm to self/others that occur during this time period will result in the parent being asked to withdraw the child from the school immediately.

**Step Three:** If the teacher and/or director documents satisfactory improvement, the child will continue in the class. On rare occasions, a child does not respond to interventions and has needs that we cannot meet. At this time, the parent will be asked to make other arrangements for their child's schooling.

### Electronic Devices and other Prohibited Items

IPods or other portable music players, video cameras, phones, electronic games, laser pointers, skateboards, roller blades, and other toys that are not part of the academic or extra-curricular program are prohibited on campus. Students may be disciplined, and such items will be confiscated and returned only to the parents upon their request.

### Photography and Public Internet Postings

1. The name and crest of Classical Preparatory School are the property of the school and may be used only for official school business. Any Classical Prep student who, without written permission from the Director, posts the crest or logo of Classical Prep on the Internet or in any other public forum for purposes of identifying themselves or other students is subject to school disciplinary action.
2. All personal photography is banned on campus unless permission for it has been obtained, in writing or oral, from the Director. No photos taken on campus, whether authorized or not, may be posted on the internet or in any other public forum without written or oral permission from the Director. No photos of minors may be publicly displayed without the consent of the parents. Any Classical Prep student found to be in violation of these rules is subject to school disciplinary action.

3. Any public display or posting by a Classical Prep student, on the internet or in any other public forum, of derogatory, offensive, or harassing speech directed against another student, teacher, or other member of the school community is in violation of the standards of Classical Preparatory School and is subject to school disciplinary action.

Policy on Harassment, Intimidation, or Bullying of Students

Classical Preparatory School prohibits acts of harassment, intimidation or bullying of students.

"Harassment, intimidation or bullying" means any gesture or written, verbal or physical act toward a student that takes place on school property or at a school-sponsored activity and that:

(a) Harms the student or damages the student's property, or threatens personal harm or damage to his / her property; or (b) Insults, demeans or intimidates the student or a group of students in such a way as to substantially interfere with the student or students' educational or social activities at school or cause a substantial disruption of the orderly operation of the school.

The Director is the first person responsible for receiving complaints alleging violations of this policy. All school employees are required to report alleged violations of this policy to the Director. All other members of the school community, including students, parents, volunteers and visitors, are encouraged to report any act that may be a violation of this policy. Verbal reports also shall be considered official reports. Reports may be made anonymously, but formal disciplinary action may not be based solely on the basis of an anonymous report.

The Director will determine whether an alleged act constitutes a violation of this policy. In so doing, the Director shall conduct a prompt and thorough investigation of the alleged incident.

I have received a copy of the discipline policy that included expulsion policies and procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Potty Training Policy

In order for any child to attend Classical Preparatory V.P.K. School each child must be able to use the restroom independently with little to no assistance(assistance excludes wiping child after toileting, changing soiled clothes, reminding child he/she must use the restroom to prevent accident). Our facility is not designed for diaper changing nor is it a toilet training facility. However, we do understand that accidents happen. Our policies on accident regulations, if they should occur, are;

### Observation Occurrence Sequences

- **Observation Sequence 1).** If a child has one or more accidents within three consecutive days, said child will be sent home for the remainder of the day of the last occurrence. Also a phone conference with the teacher and/or director will be mandatory for the child to return to school the following day. Conference is set upon the availability of the teacher and/or director. Child will have a probationary period upon returning to school. Probation details will be discussed during conference/or at early pick up time that day. Observation form and a probation agreement must be signed prior to child returning to school.
- **Observation Sequence 2).** If a child has five or more accidents within a week, then said child will be sent home for the remainder of the day of the last occurrence following a three day minimum suspension from school (excluding holidays or weekends). An observation form must be signed before returning to school. A mandatory conference will be scheduled with the teacher and director present. The child will have a probationary period upon returning to school. Probation details will be discussed during the conference. A probation agreement must be signed during the conference.
- **Observation Sequence 3).** If a child shows no improvement in his/her toileting or is having regular accidents on a daily basis. This confirms that the child is not toilet trained there for results as a phone call home and dismissal from the school. If the teacher and director feel the child cannot use the restroom independently, the director may skip Observation Occurrence Sequences 1 & 2.

I, parent/guardian of \_\_\_\_\_ . I understand that Classical Preparatory V.P.K. School requires all children who attend to be able to use the school lavatories independently. I, \_\_\_\_\_ also understand that if my child is not toilet trained upon starting CPS V.P.K that my child, \_\_\_\_\_ will be subject to immediate dismissal at the discretion of the director at any time. By signing below I am stating I have read the terms and conditions of the toileting policy for Classical Preparatory V.P.K. School and I agree.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/relationship

\_\_\_\_\_  
Date



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## Photography Consent Form

Dear Parent/Guardian As the parent of a child at \_\_\_\_\_, I agree to the following: I understand that my child whose name is listed below may be photographed at \_\_\_\_\_ during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name:		Relationship To Child:	
Child Name:			
Address:			
City:	State:	Zip:	
I give permission for my child to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.			
Parent/Guardian Signature:		Date:	

## Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

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\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)