



Christ Church Academy

667 20th St., Vero Beach, FL 32960 • (772) 562-8670

E-mail: bgammell@christchurchvero.org

2022-2023 Registration Form

August 8, 2022— May 19, 2023

8:30 a.m. — 3:30 p.m.

Please provide all requested information. It remains confidential and is used only for CCA purposes.

Child's Full Name: _____ Name most often used: _____

Child's date of birth: _____

Parents' Names: _____

Primary Phone: _____ Cell phone Home

E-Mail Address (for CCA news & updates): _____

Mailing Address: _____

City/State/Zip: _____

Siblings and ages: _____

Current interests for this child: _____

Please describe your child: _____

Contact info where parents/authorized guardians can be reached during SCHOOL HOURS if needed:

Mom's cell phone: _____ Dad's cell phone: _____

Emergency Contact: _____ Phone Number: _____

Other authorized person for pickup: _____ Phone Number: _____

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CCA REGISTRATION FORM**

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A non-refundable registration fee of \$300.00 completes this registration form. When the completed registration form is received, families will be contacted to schedule an in-person interview with CCA administration and staff.

The completed registration form and the \$300 fee can be dropped off to the church office or mailed to Bruce M. Gammell c/o Christ Church Academy at 667 20th St, Vero Beach, FL 32960.

OFFICE USE ONLY: Registration Form, date received: _____
 \$300 registration fee received

\$300.00 technology fee received
 Financial Aid Form _____

Online registration is also available, and the registration fee needs to be paid via our website (www.christchurchvero.org, click GIVE ONLINE tab, select School fund).

Annual Tuition for Christ Church Members is \$5,500.00

Annual Tuition for Non-Christ Church Members is \$6,500.00

The tuition is due the first week of each month starting in August. For convenience and budgeting purposes, the full program cost has been divided into your choice of 10 or 12 equal monthly payments, so we do not pro-rate shorter months or charge more for longer months. You may also pay the full amount in August and you may pay off your tuition balance at any time. We aim to provide a high-quality, affordable Christian Education.

Our CCA staff is committed to the well-being of the children in our care.

We typically provide CCA children with spring water only. However, there are special occasions when special treats may be served, such as cookies, cake, cupcakes, candy canes, apple juice, and milk.

Please list any **allergies (including food allergies) or medical restrictions** for this child:



My child has a prescription for an EpiPen which I will supply. Yes* No

*If yes, please list the typical specific symptoms your child has during an allergic reaction: _____

Christ Church Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational or admission policies. Christ Church Academy does not discriminate on the basis of disability and makes reasonable accommodations for students as a result of disability.

Our Vision:

As a private, Christian lower elementary school, Christ Church Academy will enact and further the mission of Christ Church Vero Beach to make disciples who follow Jesus Christ and to serve our community as an affordable option for a comprehensive academic education.

Our Mission:

Christ Church Academy educates students to become exemplary leaders in faith, scholarship, civics, and service with a Biblical worldview.

Parent Signature: _____ **Date:** _____

Our CCA Welcome Night is scheduled for August 5, 2022. At this event, please provide your child's classroom teacher with a copy of your child's birth certificate, updated vaccination records, and items from the supply list found in the CCA Parent Handbook.

More details will be sent via e-mail over the summer.





PARENTAL PERMISSION AND MEDICAL RELEASE FORM

In an effort to fully protect all children participating in the activities and programs of Christ Church Academy, this form must be completed and signed by authorized parent(s) / legal guardian(s) of any minor prior to the child's participation in church events. All information collected will remain confidential by the CCA Director.

Personal Information

Child's Full Name: _____ Date of Birth: _____

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

Parental / Guardian Contact Information: (primary contact in the event of illness, medical or other emergency)

Mom: _____ Dad: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

EMERGENCY Contact Information: (when Parent/Guardian cannot be reached, the following person(s) will be called)

Emergency Contact: _____ Relationship: _____

Contact Number(s): _____

Health Information

Special needs, allergies or restricted activities for this child: _____

Does your child require medicine on a regular basis during our program hours? Yes* No

Does your child require an EpiPen for allergic reactions? Yes* No

****If yes, please request and complete a Medicine Information/Administration Consent form.***

Parental Consent for Participation

I hereby give consent for the above named child to attend and participate in Christ Church Academy class activities. If my child becomes ill or is injured during an activity at Christ Church Vero Beach, I understand the CCA Director will attempt to contact me or our stated emergency contacts as soon as practical. However, I authorize the teachers or church leader(s) to 1) render first aid and/or 2) call 911 for medical assistance as deemed appropriate, and I release Christ Church Vero Beach and its representatives, staff, vestry, members and guests from any liability for any loss, injury, or damage to person or property that may occur during the course of my child's involvement. Finally, I grant permission that the above named minor may be included in photography and/or videography of events and activities.

SIGNED: _____
Signature Date

CHRIST CHURCH ACADEMY • 667 20th Street, Vero Beach, FL 32960 • (772) 562-8670 • www.christchurchvero.org



WAIVER & RELEASE OF LIABILITY

In the consideration of the risk of injury of my child,
_____, arising from involvement in the Christ Church Academy program, and as consideration for my child being enrolled in CHRIST CHURCH ACADEMY (CCA), I hereby for myself, my heirs, executors, administrators, assigns and/or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, and/or causes of action of any kind whatsoever arising out of my child's participation in the CCA program, and do hereby release and forever discharge Christ Church Vero Beach, located on 667 20th Street, Vero Beach, Florida 32960, its Rector, Vestry, Directors, teachers, assigns, and/or its liability insurer for any physical or psychological injury, including but not limited to illness, paralysis, death, damages or emotional loss, that I and/or my family may suffer as a direct result of my child's participation in the CCA program including, without limitation, use of playground equipment, field trip, and transportation related to my child's participation in the CCA program.

I agree to indemnify and hold harmless against any and all claims, suits, or actions of any kind whatsoever, including attorney's fees and related costs, if litigation arises pursuant to any claims brought relating to this Release.

I AM VOLUNTARILY ENROLLING MY CHILD AND ALLOWING MY CHILD TO ENGAGE IN ALL ACTIVITIES OF THE CCA PROGRAM AT CHRIST CHURCH VERO BEACH. I AM AWARE OF THE RISKS ASSOCIATED WITH THE ACTIVITIES OF THE CCA PROGRAM, INCLUDING PLAY ACTIVITIES ON PLAYGROUNDS AND THE RELATED EQUIPMENT, FIELD TRIPS, AND TRANSPORTATION RELATING TO MY CHILD'S PARTICIPATION IN THE CCA PROGRAM. I AM AWARE OF POTENTIAL RISKS, WHICH MAY INCLUDE, WITHOUT LIMITATION, PHYSICAL AND/OR PSYCHOLOGICAL PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY, PARALYSIS, ECONOMIC OR EMOTIONAL LOSS AND/OR DEATH. I HEREBY ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER & RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE CHRIST CHURCH VERO BEACH AND ALL OF ITS CCA STAFF, TEACHERS, DIRECTORS, VOLUNTEERS, RECTOR, VESTRY MEMBERS, AGENTS, EMPLOYEES AND REPRESENTATIVES.

PRINT NAME _____

SIGNATURE _____ DATE _____