APPLICATION FOR ENROLLMENT 2026-2027

International Christian Academy
of LaBelle Preschool K2-K4
233 Clark St. LaBelle, FL 33935
(863) 342- 8900

CHILD'S INFORMATION:

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

Name child likes to be called:_____ Age: _____

Address: _____
(Street Address) (City, State, Zip Code)

Parent/ Legal Guardian Names

Mother/ Legal Guardian Name: _____

Primary Contact Number: _____ Email: _____

Father/ Legal Guardian Name: _____

Primary Contact Number: _____ Email: _____

If divorced, who has custody:_____

May other parent pickup? ☐ Yes ☐ No, you must provide a copy of court documents.

EMERGENCY AUTHORIZATION

In the event that we are unable to reach a parent/legal guardian in case of an illness, accident, or emergency, I authorize International Christian Academy of LaBelle to:

- *Seek emergency medical treatment for my child.*
- *Contact and release my child to the following individuals:*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Does the child have any allergies or medical conditions?

___Yes _____

___No

Is the child currently on any medication?

___ Yes _____

___ No

Is the child up to date with vaccinations?

___ Yes

___ No Date of last vaccinations: _____

Is your child potty trained? ☐ Yes ☐ No

Is your child's speech clear to those outside the family? ☐ Yes ☐ No _____

_____

Has your child ever been or is currently enrolled in physical/ speech therapy classes?

___ Yes _____

_____

___ No

Has your child been enrolled in another preschool?

___ Yes, Name of Preschool: _____

___ No

Is your family affiliated with a church?

___ Yes, where? _____

___ No

How did you hear about us? _____

Are there any special needs or considerations we should know about? _____

_____

_____

STATEMENT OF NON-DISCRIMINATION

International Christian Academy of LaBelle admits students of any race, color, gender (biological male or female) and national or ethnic origin.

PHOTO/ VIDEO RELEASE

We are proud of our students, and we need your help to highlight their many positive accomplishments.

☐ Yes, I, _____, hereby grant International Christian Academy of LaBelle permission to use photographs or videos of my child for the following purposes:

- Website
- Social Media
- Promotional Materials

☐ No, I do not grant permission for my child to be photographed or videotaped.

AUTHORIZATION FOR OBSERVATION AND SCREENING

☐ I give permission for my child to be observed and receive developmental screening which may include:

- vision
- hearing
- speech
- motor skills
- developmental skills

I understand that these screenings are to help the teacher plan appropriate activities for my child.
I also understand that outside professionals may be contacted to come and perform further evaluations.
I also understand that the screening results will be shared with parents and staff.

☐ I do not give permission for my child to be observed and receive developmental screenings.

By signing below, I acknowledge that all information provided is accurate and up to date.

_____ _____

Signature of Parent/ Legal Guardian Date

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Florida League of Christian Schools

FINANCIAL AGREEMENT

Registration

Upon enrollment there is a $100.00 registration fee.
Registration is non-refundable.

Tuition Policy

Our class tuition is based upon an August - May season of school instruction and is non-refundable. Yearly tuition may be paid upon registering for classes or may be paid weekly.

Tuition

- ☐ **3-4 years of age:** **weekly - $55.00** **yearly - $2,200** ($55 x 40 weeks)
- ☐ **2 year olds:** **weekly - $135.00** **yearly - $5,400** ($135 x 40 weeks)

Payment

Please include your child's name and payment details with each payment to ensure your payment is applied properly. We accept cash or checks; please make all checks payable to *International Christian Academy.*
If a check is returned, a $39.00 fee or the bank's fee, whichever is higher, will be charged.
Payments must be submitted to the office of ICA or may be paid through Brightwheel.
Most families pay weekly through the Brightwheel app online.
A reminder will be sent out every Friday.
Tuition should be paid by Monday.
Tuition is one week ahead of the service rendered. If tuition is not paid, another friendly reminder will be sent.
Your child may be dismissed if tuition is not paid in a timely manner.

Dismissal/ Pick -up Policy

Pick-up should be prompt. A $10.00 fee will be charged for late arrivals for the first 10 minutes past dismissal. An additional $2.00 a minute after the first 10 minutes.

Monday-Thursday students are dismissed at 2:55 pm. **Friday** is an early dismissal at 12:30 pm.

I, _____, agree to pay a:

- ***Registration fee of $100.00***
- ***Weekly fee of $55.00 (3-4 years old) or $135 (2 years old)***
- ***Late fee (if applicable) of $10.00 for the first 10 minutes past dismissal and $2.00 per minute after the first 10 minutes.***

I understand that my child may be dismissed if tuition is not paid.

_____ _____
Signature of Parent/Legal Guardian Date

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Parental Authorization And Agreement Form

_____
(Child's Name)

Handbook Agreement _____Parent/legal guardian's initials
I have received the International Christian Academy of LaBelle's parent handbook and understand the expectations of attending International Christian Academy of LaBelle's preschool.

Health Policy _____Parent/legal guardian's initials
I have read and understood International Christian Academy's well-child (health policy) and agree to follow the guidelines.

Discipline Practices/Policy _____Parent/legal guardian's initials
I have read and understood International Christian Academy's Practices and policies found in the parent handbook.

Activities Permission _____Parent/legal guardian's initials
I agree to allow my child to participate in any activity that International Christian Academy preschool deems age appropriate- including outside activities (bouncy house).

Financial Agreement _____Parent/legal guardian's initials
I understand all the policies that were outlined in the parent handbook.

Influenza Virus Form _____Parent/legal guardian's initials
I have received and read the Influenza virus brochure.

Know Your Childcare Center _____Parent/legal guardian's initials
I have received and read the Know your childcare center brochure.

Distracted Adult _____Parent/legal guardian's initials
I have received and read the Distracted Adult brochure.

Signature of Parent/Legal Guardian: _____ **Date:**_____

International Christian Academy of LaBelle

Please read and sign this agreement.

- I acknowledge receipt of the Family/Parent Handbook which contains the operating procedures and policies of International Christian Academy of LaBelle.
- I have read the handbook and agree to comply with the procedures and policies regarding fees, attendance, health and other policies specified in the handbook.
- I acknowledge receipt of the brochure on *"Influenza Virus, The Flu, A Guide to Parents."*
- I understand that I will have the opportunity to meet with my child's teacher at least twice annually to discuss my child's growth and development.
- I understand the holiday schedule of days that the school is closed.
- I understand the financial obligation for tuition for the program that my child is enrolled in.
- I understand that if tuition is not paid as scheduled, my child will be unable to attend the school.
- I understand that International Christian Academy of LaBelle is mandated by Florida law to report any suspicion of child abuse and/or neglect.
- I give International Christian Academy of LaBelle permission to use my child's photograph and/or video for website, social media, and other promotional materials.
- I give permission for my child to participate in activities on the extended property (outside the playground) throughout the year.

Parent Rights & Responsibilities

Your Rights are to

- Be involved in your child's education and care.
- Receive information twice a year regarding your child's progress and development.
- Share in decisions about the care of your child.
- Have frequent contact with teachers about your child.
- Have access to the classroom through visitation or observation.
- Be informed when a communicable disease has arisen at the program.
- Be informed by the teacher when your child has a problem.

Your Responsibilities are to

- Be involved in your child's education and learning.
- Let the teacher know you are concerned and interested in your child and his/her progress.
- Set goals with the teacher and share in decisions about your child's care.
- Share information about the child and home that may affect behavior.
- Discuss problems and concerns with the teacher.
- Follow up on referrals within an agreed upon time frame.
- Volunteer to assist the teacher in some way.
- Read to your child and spend time talking and playing together.

_____ _____

Signature of Parent/ Legal Guardian Date

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Required Documents for Enrollment Checklist

☐ Enrollment application

☐ Birth Certificate

☐ Physical/Health Exam DH3040

☐ Record of immunizations DH680

or

☐ Religious Exemption Form DH681

☐ ICA Clinic/Triage Card

☐ Proof of guardianship and/or custody

☐ DCF Distracted Adult

☐ DCF Influenza Virus

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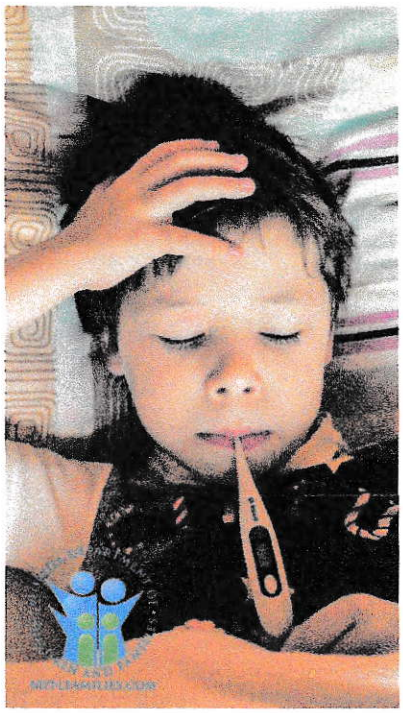
According to the Florida Department of Children and Families Administrative Code 65C-22.001, parents with children who attend a licensed early childhood program must receive information about "**The Flu: A Guide for Parents**" The brochure that accompanies this form was created by the Department of Children and Families in consultation with the Department of Health.

THE FLU

A Guide for Parents



I acknowledge receipt of the brochure "The Flu: A Guide for Parents" developed by the Department of Children and Families in consultation with the Department of Health.

Name of child:_____ Name of Parent: _____

Signature of Parent: _____ Date: _____

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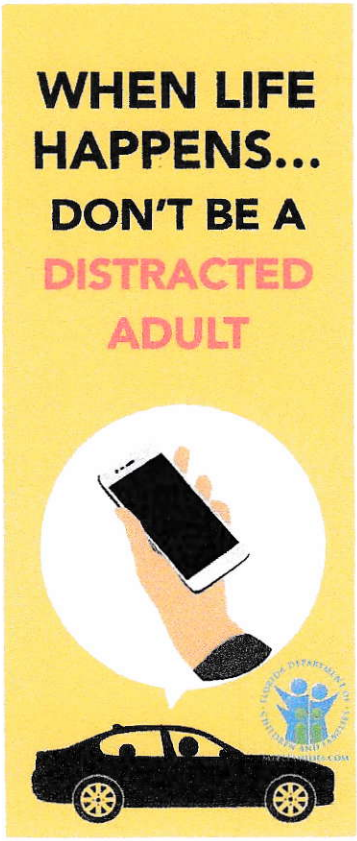
According to the Florida Department of Children and Families Administrative Code 65C-22.001, parents with children who attend a licensed early childhood program must receive information about "Distracted Adult." The brochure that accompanies this form was created by the Department of Children and Families in consultation with the Department of Health.



I acknowledge receipt of the brochure "Adults distracted" developed by the Department of Children and Families in consultation with the Department of Health.

Name of child:_____ Name of Parent: _____

Signature of Parent: _____ Date: _____

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INTERNATIONAL CHRISTIAN ACADEMY
CLINIC/TRIAGE CARD

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

STUDENT	*Current Grade*	*Date of Birth*
Last Name	*First Name*	*Middle*
Street Address		
City	*Zip*	*Home #*

PARENTS/GUARDIANS	
Name	*Name*
Relationship	*Relationship*
Address	*Address*
Cell #	*Cell #*
Work #	*Work #*
Email	*Email*

OTHER CONTACTS	**In the event the student's guardian(s) cannot be reached, who should the school call in an emergency and allow to check out the student?**	
Name	*Name*	*Name*
Phone #	*Phone #*	*Phone #*
Relationship	*Relationship*	*Relationship*

MEDICAL HISTORY OR PROBLEMS

Please mark an X in the boxes below to indicate if your student has had any of the symptoms listed.

YES	NO		YES	NO	
		Diabetes			ADD/ADHD
		Seizures (Last Seizure __/__/__)			Asthma: Uses an inhaler (Last Episode __/__/__)
		Heart Condition			Chemical Sensitivity
		Allergies – Describe			Epi Pen
		Medications currently prescribed:			
		Other; Please describe			

PRIMARY PHYSICIAN	
Name	*Phone #*

DENTIST	
Name	*Phone #*

MEDICAL RELEASE STATEMENT

All information on this card is accurate and correct. I hereby authorize International Christian Academy to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I understand that International Christian Academy does not provide medical insurance for students. I understand that parents are required to provide medical insurance for their children. I will assume full responsibility for charges related to the above.

Parent / Guardian Signature	*Date*

NOTICE AND RELEASE

International Christian Academy of LaBelle is hereby providing notice to me that it intends to open or reopen its educational/school program for students. I/we understand that **International Christian Academy of LaBelle** cannot protect my child/student and/or me from risks which may be encountered as a result of my child attending the preschool and/or school program. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with participation in the school providing this program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable

In consideration of myself and my child/student participating in the preschool and/or afterschool program provided by **International Christian Academy of LaBelle**, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge **International Christian Academy of LaBelle**, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the preschool and/or school program, including any medical expenses, injury and/or death.

I agree to indemnify **International Christian Academy of LaBelle**, its owner, officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program, whether caused by negligence of **International Christian Academy of LaBelle** or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Florida.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Waiver of Liability Relating: Coronavirus/COVID-19

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several weeks. **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** has put precautions in place to reduce the spread of COVID-19; however, the **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** cannot guarantee that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in church, school or any of their activities, and the fact that many infected individuals appear to be asymptomatic, attending this activity could increase your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending school or church or any activity involved therein, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at school or church or any activity involved therein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Ministry employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the school or church or any activity involved therein, ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Ministry, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Participant(s) Child or children's names