



Elite Preparatory Academy Application and Checklist

Getting Started

- Schedule your Personal Tour with Administration:
Call our main office at 407-855-5811*
- Complete the Application Packet*
- Submit all required documentation*

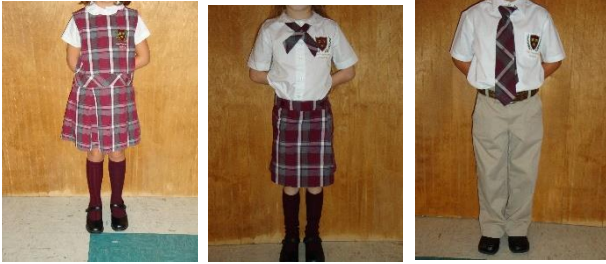
After Applying

- Complete Interview/Conference with the Principal*
- Upon Acceptance the following will be due prior to the first day of enrollment.*
 - *Enrollment Application*
 - *Copy of Florida Certification of Immunization Form DH-680 – Proof of updated shot record.*
 - *Copy of Florida School Entry Health Physical DH-3040*
 - *Withdraw form from previous school*
 - *Record Release form sign by Parent/Guardian.*
 - *Purchase Uniforms*

Student's name is placed on grade list after all required enrollment forms are on file.

*Please call the Administration office if we can be of further assistance to you
407-855-5811.*

*To place your uniform order stop by the school Monday, Wednesday, and Friday or
email Ms. Olivia at msolivia@elitepreparatoryacademy.net. Below are what uniforms
students must have.*



*Formal Uniforms are to be worn on
Monday and Friday.*



*Causal Uniforms worn on Tuesday,
Wednesday, and Thursday.*



Elite Preparatory Academy Magnet Program

2019-2020 Enrollment Application

Upon completion and acceptance of this application, your child will be considered for the 2018-2019 school year registration. Please fill out one application per student and return. All areas must be answered. ANY UNSIGNED APPLICATION OR ANY QUESTIONS LEFT UNANSWERD WILL RESULT IN AN INCOMPLETE APPLICATION, AND WILL NOT BE CONSIDERED FOR THE LOTTERY.

PLEASE PRINT CLEARLY

Student's Name- First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Date of Birth: _____ Gender: _____ Male _____ Female

Current Grade Level for **2018-2019**: _____ (Do not leave blank and do not place a check mark)

Expected Grade Level for **2019-2020**: _____ (Do not leave blank and do not place a check mark)

Student's Place of Birth: _____ Student's Primary Language: _____

Name of Parents/ Legal Guardians: _____

Mom's Cell Phone #: _____ Mom's Work Phone #: _____ EXT _____

Mom's Email address (Required): _____

Dad's Cell Phone #: _____ Dad's Work Phone #: _____ EXT _____

Dad's Email address (Required): _____

Please List each school attended with dates, beginning with most recent:

All Questions Must be Answered

Is the student receiving Exceptional Student Education (ESE) Services? ____ Yes ____ No

Does the Student have a current IEP? ____ Yes ____ No

Does the student have a current 504 Plan? ____ Yes ____ No

(A 504 Plan is for students with medical diagnosis such as Asthma, diabetes, heart condition ect. That have been reported to the school board)

Is the student receiving Gifted services? ____ Yes ____ N

If you answered “Yes” to any of these questions, please answer the “Exceptionality” question below.

Is the student currently enrolled in the McKay program? ____ Yes ____ No

Is the student currently receiving ESOL service? ____ Yes ____ No

Is the student currently subject to pending discipline; suspension or expulsion at the school of current enrollment? ____ Yes ____ No

Does the student have a sibling that currently attends Elite Preparatory Academy?
____ Yes ____ No

If Yes, please list the current student’s name and grade.

How would you like your school mail addressed?

(e.g. Mr. & Mrs. John T. Doe, Dr. & Mrs. John T. Doe, Ms. Jane Doe, Dr. John T. Doe & Ms. Jane Smith, etc.)



Elite Preparatory Academy

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____ Nickname _____

Child's Physical Address: _____

Primary Hours of Care: From: _____ to _____

Family Information: Child Live With: (Circle One) Mother Father Both Other _____

Mother's/Guardian Name: _____ Father's Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Ext: _____ Work Phone: _____ Ext: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child for the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name _____ Relationship _____ Cell # _____ Work # _____

Name _____ Relationship _____ Cell # _____ Work # _____

Name _____ Relationship _____ Cell # _____ Work # _____

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.312(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-25), or
- Section 65C-20.11(2) (c) (1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
- Section 65C- 20.010(6) (c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/ Guardian

Date



Elite Preparatory Academy

Emergency Information and Care Authorization

Child's Name: _____ Phone: _____
Last First MI

Date of Birth: ____/____/____ Social Security Number: _____

Residential Address: _____ Zip: _____

Mailing Address: _____ Zip: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Insurance Preferred Hospital: _____

Known Health Problems: _____

Medical conditions, medications, allergies and/or history that you feel medical personnel should know:
(Ex: chronic condition)

List food or medicine allergies: _____

Authorized Pick-Up (In the event you cannot be reached, the following persons have your permission to pick your child up from school without notification.)

Name: _____ Phone: _____

Address: _____ Zip: _____

Employer: _____ Work Phone: _____

Name: _____ Phone: _____

Address: _____ Zip: _____

Employer: _____ Work Phone: _____

Name: _____ Phone: _____

Address: _____ Zip: _____

Employer: _____ Work Phone: _____

Insurance Information:

Company #1: _____ Policy # _____ Group# _____

Company #2: _____ Policy# _____ Group# _____

Company#3: _____ Policy # _____ Group# _____

If I am unable to be reached, please contact one of the following people and tell them of my child’s condition:

Name: _____ Relationship: _____

Work Phone and Ext: _____ Home Phone: _____

Name: _____ Relationship: _____

Work Phone and Ext: _____ Home Phone: _____

Elite Prep Health Service Consent

I hereby give my consent for this child to participate in the health services programs. This means my child will receive emergency care while at the facility, if needed, as well as evaluations of growth and development.

In case of an accident of illness **where treatment is not needed**, but where my child is unable to remain at the facility; I request the staff of Elite Prep to contact me. If I am unable to be reached I request that one of the persons listed above be contacted to care for my child until I can be reached.

In the event of a **serious accident or illness**, I request the school to contact me at the phone numbers listed on the reverse side. If the school is unable to reach me, I hereby authorize the Elite Prep staff to contact the physician or dentist indicated and to follow his / her instructions. If it is impossible to contact the physician or dentist, the Elite Prep staff may make whatever arrangements are necessary to provide emergency care and treatment for my child.

In the event of a **life threatening accident or illness**, I understand that the school may contact the 911 emergency medical systems immediately. I agree to be financially responsible for this child’s care and treatment.

Signed: _____ Parent/Guardian Date: _____

IN THE EVENT OF AN EMERGENCY, WE WILL ACCESS THE 911 EMERGENCY SYSTEMS. IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD, PLEASE SIGN THE FOLLOWING STATEMENTS.

PERMISSION TO TRANSPORT

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child’s treatment and transport. I will notify the academy of any changes of this information in writing.

Signed: _____ Parent/Guardian Date: _____

PERMISSION TO TREAT STATEMENT

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child’s treatment. I also request that I be notified of my child’s condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other persons listed above of my child’s condition and admission.

Signed: _____ Parent/Guardian Date: _____

THIS FORM IS EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED



Elite Preparatory Academy, Inc.

Authorization for Photography – Parental / Guardian Consent

For consideration give herein, I hereby grant Elite Preparatory Academy, Inc., its legal representatives, assigns or licensees (including but not limited to) clients, publications, agencies, and successors in interest, irrevocable permission to use photograph(s) taken of me, in all media and all manners, without restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any lawful purposes, and I waive any right to inspect or approve the photograph(s) or finished versions(s) incorporating the photograph(s), including written copy that may be created and appear in connection therewith. I hereby waive any claims I may have based on any usage of the photographs or works derived there from, including but not limited to claims for invasion of privacy or libel.

I release and agree to hold harmless Elite Preparatory Academy, Inc. and its legal representatives, agents, successors in interest, employees, assigns, or licensees from any liability or claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images, or by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, unless it can be proven that such use, alterations, or reproduction were malicious in intent, produced and published for the sole purpose of conspicuous ridicule, scandal, reproach, scorn, and indignity.

I agree that Elite Preparatory Academy Inc. owns the copyrights to these photograph(s), and it is not considered a work made for hire. I agree not to copy, modify, distort, publish, or create derivative works of these photograph(s), whether for personal gain or not, in any medium without express written consent from a legally binding representative of Elite Preparatory Academy, or its successors in interest.

I acknowledge that the photography session was conducted in a completely proper and professional manner, and this release was willingly signed. I have read this release and fully understand its contents. I declare that I am over the age of 18 years, and am fully competent to sign this release on my own behalf. A form of signed, picture identification with my birth date on it may be required.

Address and phone information is for our internal use only in the event we need to contact you, and will never be released to anyone without your permission.

Child's Name: _____

Shoot Location: School / Activities

Address: _____

Phone: _____

City: _____

State: _____ **Zip:** _____

Signature: _____

Date: _____

Elite Prep Signature: _____

Date: _____

Parent / Guardian Consent (if applicable):

I am the parent or guardian of the above named minor, and have legal authority to execute this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photograph(s) based on the contents thereof.

Parent / Guardian Name: _____
(print name)

Parent / Guardian Signature: _____

Date: _____

Elite Preparatory Academy Physical Education, Gymnastics, Dance, Basketball, Mixed Martial Arts, Tae Kwon Do Waiver, and Soccer

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Elite Preparatory Academy Gymnastics classes or special events as well as dance, Mixed Martial Arts, Tae Kwon Do, Basketball, and Soccer. I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity, I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by own actions, or inactions, those of others participating in the event, the conditions in which the event takes places, or the negligence of the participant, and sponsors, advertisers, and, if applicable, owner stand lessors of premises on which the activity takes places, (each considered one of the “RELEASEES” herein) from all liability claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk, I, if anyone on my behalf, makes a claim against any of the Releasers, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which may incur as the result of such claim. I have read and the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**. I understand that if I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT

I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor’s experience and capabilities, and believe the minor to be qualified to participate in such activity. I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I further grant the Released the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit me and/or my child or ward’s name, face, likeness, voice and appearance forever and throughout the world in all media whether now known or hereafter devised. This includes all media without limitation.

Printed name of parent _____ Date _____

Signature of Parent/Guardian _____ Date _____

Child’s Name _____

Address _____

City, St, Zip _____

Phone _____

E-Mail _____

Dear Parents,

Welcome to Elite Preparatory Academy! This year to showcase our students learning growing and having fun, we will be uploading all of our pictures to our Facebook Page: Elite Preparatory Academy INC. This is a great opportunity to share these pictures with friends and family at your convenience. **We are asking for a \$5.00 uploading fee to upload all your child's pictures.** This fee will be paid directly to your child's teacher and will be used to purchase supplies throughout the school year. This will include supplies such as feathers, glitter, construction paper, and holiday activities as well as classroom materials. Most of the time when we buy extra things for the class, it is money out of our own pockets. Please take the time to like us on Facebook and look for your child's pictures in the upcoming days.

Thank you for your continued support,

Elite Preparatory Academy



I _____ authorize for my child's teacher to upload all pictures from
Print name

school events and activities to Elite Preparatory Academy's Facebook page.

Child's Name

Parent's signature

Date

Email & Text Message Alert System

Child's Name: _____

Parent's Name (Mom): _____

Email: _____

Phone Number: _____

Parent's Name (Dad): _____

Email: _____

Phone Number: _____

Please ask permission and advise your alternative contact that you have placed them on an email and text message alert system.

Alternative Contact Person's Name: _____

Email: _____

Phone Number: _____



Elite Preparatory Academy

Allergy/ Medical Information Sheet

Student Name: _____ **Grade:** _____

Type of Allergy: Check all that apply and list Specifics.

Medication: _____

Food: _____

Insect Bites/ Stings: _____

Symptoms of Allergy: Check all that apply

Hives

Swelling of Eyes

Difficulty breathing/swallowing

Other _____

Medical Conditions: Check all that apply

Asthma

Diabetes

Other _____

I attest that these statements are true to my knowledge.

Parent Signature _____ Date _____

Parent Phone # _____



Elite Preparatory Academy

Parent/ Guardian Uniform Policy Acknowledgement

Student Name: _____

Student Grade: _____

I am fully aware that Elite Preparatory Academy requires students to wear uniforms. I agree to purchase uniforms for EPA's authorized vendor and follow all uniform policies of the school.

Please Initial

_____ Burgundy Polo MUST have school emblem

_____ P.E Uniform (Burgundy P.E Shirt & Black Shorts or Pants)

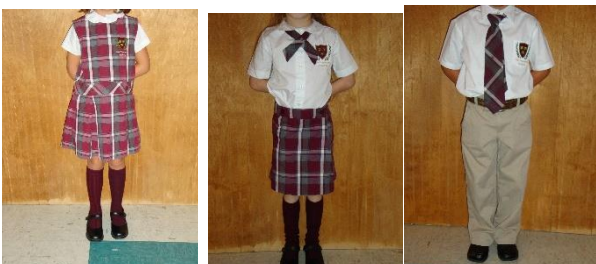
_____ White Sneaker with casual uniform (Uniform Shoes)

_____ Black Dress Shoes with formal uniform

Parent/ Guardian Signature _____

Parent/ Guardian Name (Print) _____

Date Signed _____



Formal Uniform (Monday & Friday)



Casual Uniform (Tuesday-Thursday)



Elite Preparatory Academy

Transportation Information

Student Name: _____

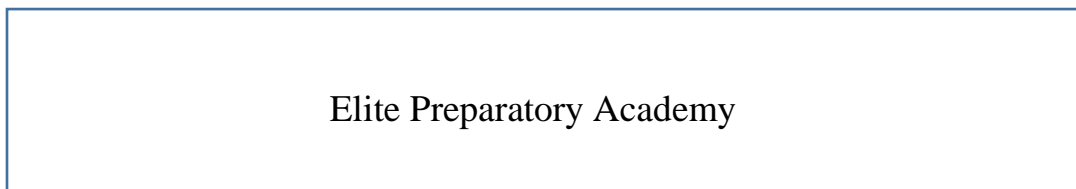
Parent Name: _____

Phone # _____

Preferred mode of Transportation:

- Student will walk home (Dismissal at 2:20 pm)
- Bike Rider (Dismissal at 2:25pm)
- Family Provides Transportation (Dismissal at 2:30 pm)
- Daycare Van (Dismissal at 2:30pm)
- Other _____

*Parents please contact your child's teacher immediately if there is a change in mode of transportation.





Elite Preparatory Academy

Tardy & Late Pick Up Policy

Elite Preparatory Academy School hours are from 9a.m – 3p.m. Students may begin arriving as early as 8:30a.m for Homeroom. During homeroom, students have the opportunity to get prepared for class, ask questions from homework, as well as have breakfast. Teachers during this time also assign “Bell work” for students to complete during this time. Students are considered Tardy once the 9a.m bell has rung. If your student is arriving to school after the tardy bell, they **MUST** check in at the front office and receive a tardy pass. If students are tardy 3 or more times during the grading period without a doctor’s excuse, your account will be charged a \$25 Excessive Tardy fee. Parents will be giving a dated invoice with this charge and will be expected to pay this invoice within (2) two business days. Any invoices not paid within (2) days, your student will not be admitted into school.

All K-12th grade students not signed up for our afterschool program **MUST** be picked up by 3p.m. If your student is still in our care at 3:15p.m, you will be charge a late pick up fee of \$15. Parent will be given a dated invoice and parents will have 2 days to remit payment in order for your student to continue here at Elite Preparatory Academy. We understand emergencies happen and can’t be avoided, however we do ask that if you are going to be late that you give us a courtesy call to inform us so we know how to best care for your child.

If your student is apart of our aftercare program, you **MUST** pick up by 6p.m. Any student that are not picked up by 6p.m will be charged a \$10 service fee at 6p.m. and \$1 each minute you are late. Parents will be given a dated invoice to following business day and given (2) two days to make payment. If payment is not made in the allotted time, your student will not be able to participate in our program until payment is made.

I have read and understand Elite Preparatory Academy’s Tardy and Late Pick Up policy. With my signature below, I agree to follow this policy at all times.

Parent Signature: _____ Print Parent Name: _____

Student Name: _____ Grade: _____

Date: _____



Elite Preparatory Academy

Uniform Policy

Elite Preparatory Academy is a uniform school. We expect all student to be in uniform at all times. If your student is not in full uniform, they will be administered a rental uniform item at the cost.

Uniform Rental Fees

School Uniform Shirt White & Burgundy \$2.00

School Uniform Plaid Shirts & Khakis \$2.00

School Ties \$1.00

P.E Shirt \$1.00

P.E Shorts \$1.00

Parents invoice will be sent home on the day of the students' uniform infraction and MUST be paid within 2 business days. All invoices not paid within 2 business days will incur a \$10 late fee.

I acknowledge that I have been informed of Elite Preparatory Academy's uniform policy. I understand and my student(s) will adhere to this policy.

Student Name(s) _____

Parent/ Guardian Signature _____ Date _____