



4221 W. Gulf-to-Lake Hwy.
Lecanto, FL 34461
Phone: 352-746-5696
Fax: 352-746-5520
Email: srcs@sevenrivers.org
www.sevenriverscs.org

PRESCHOOL enrollment procedure **(3- and 4-year-olds)**

Seven Rivers Christian School offers preschool programs for children who are 3- or 4-years-old by September 1st and potty-trained. We participate in the Florida VPK program for 4-year-olds. Children are only eligible to participate in the VPK program the year they are 4-years-old on or before September 1st. Older students are accepted in the paid program.

VPK Application Requirements

In order to take advantage of the VPK funding, you must apply through the Early Learning Coalition of the Nature Coast **and** complete the Seven Rivers Christian Preschool application for your child. The VPK application is available at 1564 N. Meadowcrest Blvd. in Crystal River. You will be required to provide your child's proof of age (4-years-old on or before September 1st) and your proof of residency. For more information about the VPK program, please visit their website at www.earlylearningflorida.org or contact the Early Learning Coalition of the Nature Coast at 352-563-9939.

All Preschool Applicants

Please read and answer all questions on the application form. Return completed application to the school office along with the following items:

1. Birth Certificate
A copy of the student's original birth certificate issued by the Bureau of Vital Statistics
2. Immunization Records
HRS Form 3040, School Entry Health Exam, completed by a Florida physician
HRS Form 680, Florida Certificate of Immunization
3. Signed Preschool Financial Obligations Contract
4. Application Fee
\$40.00 Application Fee (non-refundable)
NO FEE for VPK applicants (4-year-olds only)
VPK students must provide the form they receive from Early Learning Coalition.

Enrollment Notification

Students are automatically accepted and placed on a class list unless the class they apply for is full. Parents will be notified if their student has been placed on a waiting list. Students will receive a welcome letter from their teacher about a week before school begins in the fall. You and your child will be invited to meet your classmates and teacher at the back-to-school drop by event held before the first day of school.



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PRESCHOOL application

(3- and 4-year-olds)

STUDENTS ARE REQUIRED TO BE OF AGE ON OR BEFORE SEPTEMBER 1.

APPLICATION DATE: _____

Complete this application and remit the appropriate fees listed on the attached sheet.

STUDENT INFORMATION

Date of Birth _____ Gender: Male Female Social Security # _____ - _____ - _____
month day year

Student's Name _____ Preferred Name _____
first middle last

Home Address _____

Home Phone _____ Cell Phone _____ Family Email _____

FAMILY INFORMATION

Father's Name _____ Business Phone _____

Occupation/Company _____ Position/Title _____

Business Address _____

Mother's Name _____ Business Phone _____

Occupation/Company _____ Position/Title _____

Business Address _____

Please check one class below.

Age 3 Classes:

- K-3 2 Half-Days
- K-3 3 Half-Days

Age 4 Classes:

- K-4 3 Half-Days
- K-4 3 Half-Days (plus optional extended hours)
- VPK 3 Full-Days

- K-4 5 Half-Days
- K-4 5 Half-Days (plus optional extended hours)
- VPK 5 Half-Days (plus optional extended hours)

For office use only:

Date application received _____

Fees Paid:

Application Fee _____

Total Amount _____

Check Number _____

Person who received application:

Class/Teacher Assignment:

ADDITIONAL FAMILY INFORMATION

Marital Status Married Single Divorced Widowed

Child lives with: Both parents Mother Father Other: _____

Please list all siblings living in the household:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

MEDICAL INFORMATION

Does your child have any medical conditions (chronic illnesses or allergies) of which we should be aware? Yes No

Does he/she require medication for any condition? Yes No

If you answered Yes to either of these questions, please explain.

Doctor's Name _____ Phone Number _____

CHURCH INFORMATION

Name of Church _____ Are you a member? Yes No

Church Address _____

Pastor's Name _____

ADDITIONAL INFORMATION

How did you hear about Seven Rivers Christian Preschool? Please give names where possible.

Alumnus _____ Current Student _____ Minister _____

Advisor/Teacher _____ Admissions Rep _____ Advertisement _____

Faculty Member _____ Website _____ Other _____

Do you have any relatives currently attending SRCS? Yes No If yes, please list names. _____

Do you anticipate continuing your child's education at Seven Rivers Christian School? Yes No



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PRESCHOOL financial obligations

- I understand that this contract will not be considered complete without the registration fee (\$40.00 per student, with the exception of VPK students).
- I understand that in order to withdraw my child from Seven Rivers Christian Preschool, I must give two weeks written notice, and I will still be responsible to pay the full tuition for the current month.
- I understand that monthly tuition payments are due in the Business Office on the first of each month. Tuition reminders are not sent. Tuition rates and due dates are provided on the enclosed tuition schedule.
- I understand that extended day charges will be billed at the end of each month based on attendance during the month. Payment is due by the 1st of the month after the statement is sent (including VPK students).
- I understand that a late fee of \$10.00 will be billed to my account if the current month's tuition is not received in the Business Office by the 10th of the month. Statements on late accounts are mailed by the 15th of the month. A \$25.00 fee will be charged for returned checks.
- I understand that if my account becomes 60 days delinquent, the school reserves the right to dismiss my student from school. Any past due tuition will still be owed and collection efforts may be enforced. No additional late fees will accrue after a student is dismissed.
- **I understand that the registration fees and first month's tuition payment are all non-refundable and non-transferable. Should I withdraw my child from Seven Rivers Christian Preschool for any reason, none of these fees will be refunded, and I will be responsible to pay the tuition as described above.**

Seven Rivers Christian Preschool reserves the right to refuse any application or dismiss any student at any time, for any reason. Neither this contract nor payment of fees is considered to be binding upon Seven Rivers Christian Preschool.

Please indicate your preferred payment plan:

- Monthly** Total tuition will be paid in 10 monthly payments, due August 1st through May 1st.
- Annual** Total tuition will be paid in one payment, due on August 1st. There is no discount for prepayment.
- VPK** Tuition will be paid by VPK. Parent is responsible for any tuition not reimbursed by the state.

Name of person responsible for payment, if anyone other than parent: _____

My signature below verifies that I have read and accept all terms of this contract.

Father's Signature

Date

Mother's Signature

Date

origin.