



## 2021-2022 Academic Year Application for Enrollment

Child's Name: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
We live in Meriden and need bus transportation  AM  PM  Both

### **Parent Information**

Mother/Guardian's Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Attend Church?  Name of Church: \_\_\_\_\_  
Marital status:  
 Single  Foster Parent  
 Married  Separated  
 Divorced  Other

Father/Guardian's Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Attend Church?  Name of church: \_\_\_\_\_  
Marital status:  
 Single  Foster Parent  
 Married  Separated  
 Divorced  Other

My child lives with: \_\_\_\_\_

Child's Name \_\_\_\_\_

How would you describe your child's personality?

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Please give a brief description of your child's strengths and areas of growth.

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Please explain why you have chosen a Christian education for your child.

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Present School: \_\_\_\_\_

Grades: below average \_\_\_ average \_\_\_ above average \_\_\_ superior \_\_\_

Has your child been diagnosed with having a learning disability? \_\_\_\_\_

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#### Health History of Child

Does your child have frequent colds? Explain: \_\_\_\_\_

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Tonsillitis? \_\_\_\_\_ Earaches? \_\_\_\_\_

Stomachaches? \_\_\_\_\_ Does your child vomit easily? \_\_\_\_\_

Has your child been to the dentist? \_\_\_ Had vision checked? \_\_\_\_\_

Has hearing tested? \_\_\_\_\_ Wear corrective shoes? \_\_\_\_\_

Does your child have any special fears that you are aware of? \_\_\_\_\_

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Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, how does it usually manifest itself?

Asthma \_\_\_ Hay Fever \_\_\_ Hives \_\_\_ Other \_\_\_\_\_

What is the allergy caused by? \_\_\_\_\_

Please describe any medical conditions your child has:

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Child's Name: \_\_\_\_\_

**PERMISSION TO PICK UP CHILD**

I authorize the following adults to pick up my child from Carver Academy or to be contacted in the event I cannot be reached.

Name & Address	Relationship to Child	Home and Work Phone
1. _____ _____ _____	_____	_____ _____
2. _____ _____ _____	_____	_____ _____
3. _____ _____ _____	_____	_____ _____
4. _____ _____ _____	_____	_____ _____

For the safety of your child, it is Carver Academy's policy that all persons who pick up a child at our school are asked to present proper picture identification. Please inform the people listed above of this policy. If the person picking up your child is not listed above, your child will not be released unless expressed permission by the parent has been made prior to pick up time. There will be no exceptions to this policy

Mother/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Father/ Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**PARENT CONTRACT**

1. I / We have read the Carver Academy Statement of Faith and understand that this is the foundation for classroom management, subject matter and content, as well as decisions regarding student behavior and business practices.
2. I / We understand that Carver Academy follows the Meriden Public School System for weather related cancellations and delays, as well as the calendar.
3. I / We understand and will adhere to the Carver Academy Sickness Policy.
4. I / We understand that my/our child will only be released to persons whose names are listed on the *Permission to Pick Up* form. Any changes to this list must be submitted in writing.
5. I / We understand that my/our child may be photographed, and that his / her photo may be used for publicity purposes.
6. I / We understand that unless annual tuition is paid in full by August 1, 2020 that I/we must set up a Tuition Payment Plan through FACTS Tuition Management by August 1, 2020.
7. I / We understand that if we fall behind on a payment more than one month, our child will not be permitted to attend school until the account is brought current and we are at risk of losing the classroom spot.
8. I / We understand that payments for books, tuition, and enrollment fees are non-refundable. In the case of withdrawal, if a student attends class for any portion of a month the whole month's tuition is due.
9. I / We understand that I will be liable for any collection / attorney fees associated with collecting past due balances on my child's Carver Academy tuition account.

\_\_\_\_\_  
Mother/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

**EMERGENCY TRANSPORTATION AUTHORIZATION**

I give my consent to Carver Academy to transport my child in the event of a school or town emergency to a safe facility by the most expedient means (i.e. public or private vehicles).

It is understood that a conscientious effort will be made to notify me before such action is taken if time permits.

I also authorize an acting representative of the school to give consent for any and all necessary emergency medical care for my child while they are in the school's care.

\_\_\_\_\_  
Mother/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's signature

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL PERMISSION FORM**

I give permission for a staff member of Carver Academy who is certified in first aid, to administer first aid to my child in the event that it is necessary.

If a medical emergency arises involving my child, I authorize a staff representative of Carver to accompany my child in any emergency vehicle to an emergency treatment center or hospital. I authorize the center or hospital to treat my child in the event of an emergency. I absolve Carver Academy of all costs relating to any medical treatment and transportation of my child.

\_\_\_\_\_  
Mother/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's signature

\_\_\_\_\_  
Date



## 2021 / 2022 Dress Code

Parents may choose to purchase Khaki, White, or Black uniform attire. Items may be mixed and matched at parent's discretion.

\* Special Event Attire (indicated with asterisk), must be French Toast brand.

Items purchased directly through the French Toast website, may have the optional embroidered Carver Academy logo added.

### Girls

Title	Description	Color
*Uniform Shirt	Long Sleeve Peter Pan Blouse	White
Uniform Shirt	Short Sleeve Peter Pan Blouse	White
Pique Uniform Polo	Long Sleeved Polo	White or Burgundy
Pique Uniform Polo	Short Sleeved Polo	White or Burgundy
Sweater Vest / Cardigan	Sweater/Vest	White or Burgundy
*Uniform V-Neck Jumper	Pleated Plaid Jumper	Burgundy Plaid
Uniform Jumper	Any Style Jumper	Khaki or Burgundy
Uniform Pant	Any Style Pants	Khaki or Grey
Uniform Skirt / Scooter	Any Style Skirt / Scooter	Khaki or Burgundy
Pleated Uniform Skirt	Skirt	Burgundy Plaid

\* Special Event Attire: Not Optional Please wear with white knee socks.

### boys

Title	Description	Color
*Long Sleeve Oxford Shirt	Long Sleeve Oxford	White
Pique Uniform Polo	Long Sleeved Polo	White or Burgundy
Pique Uniform Polo	Short Sleeved Polo	White or Burgundy
Sweater Vest/ Cardigan	Sweater/Vest	Burgundy
*Plain Front Uniform Khaki	Flat Front Pants	Khaki
Uniform Pant	Any Style Pants	Khaki or Grey
Uniform Shorts	Any Style Shorts	Khaki or Grey
*Plaid Tie	Adjustable or Full	Burgundy Plaid

\*Special Event Attire: Not Optional

## Carver Academy Before/After Care Enrollment

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Please check one: 5 Days \_\_\_\_\_ Before (AM) Care \_\_\_\_\_ After (PM) Care

1-3 Days AM \_\_\_\_\_ 1-3 Days PM \_\_\_\_\_ Circle days: M – T – W – TH – F

I understand all fees associated with Before/After Care will be billed to my  
FACTS account monthly

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

Date: \_\_\_\_\_