



VPK Application

Thank you for your interest in enrolling your child in the VPK program at Grace Lutheran School. Your Certificate of Eligibility from the Early Learning Coalition (ELC) covers the entire cost of the program which runs from 8:30-12:30.

For a monthly fee, you may choose to enroll your child in ENCORE which extends the day from 12:30-3:00.

All applicants must fill out a complete application per child and submit the required documents to the school office before admission into our program.

- REQUIRED DOCUMENTS** - 1. Copy of child's birth certificate
2. Certificate of Eligibility from ELC***

After admission, but before the first day of school, the following documents are required: 1. current **Florida** school physical (FLHRS 3040)
2. current **Florida** immunization record (FLHRS 680)

*** If your ELC Certificate of Eligibility has not been submitted to Grace Lutheran School prior to the 1st day of school, you will be billed \$14 daily until the certificate has been submitted.

GRACE LUTHERAN SCHOOL
VPK APPLICATION

NAME: First/Middle/LAST _____

Birth date: _____ MALE FEMALE (circle one)

Custody of child: (circle one that applies) BOTH PARENTS MOTHER FATHER
SHARED OTHER

***IN CASES OF OTHER/SHARED CUSTODY, THE **CUSTODY INFORMATION FORM** MUST BE
SUBMITTED BEFORE APPLICATION IS CONSIDERED COMPLETE.

FATHER'S NAME: _____

HOME ADDRESS: _____

CELL #: _____ HOME #: _____ WORK #: _____

EMPLOYER/OCCUPATION: _____

EMAIL: _____

MILITARY SERVICE: active ____ veteran ____

MOTHER'S NAME: _____

HOME ADDRESS: _____

CELL #: _____ HOME #: _____ WORK #: _____

EMPLOYER/OCCUPATION: _____

EMAIL: _____

MILITARY SERVICE: active ____ veteran ____

CUSTODIAL GUARDIAN: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

CELL #: _____ HOME #: _____ WORK #: _____

EMPLOYER/OCCUPATION: _____

EMAIL: _____

MILITARY SERVICE: active ____ veteran ____

In the event of an emergency OR if you are unable to pick up your child from school or extended day, please list those individuals whom you authorize to pick up your child.

NAME : _____ PH #: _____ RELATIONSHIP: _____

NAME: _____ PH #: _____ RELATIONSHIP: _____

NAME: _____ PH #: _____ RELATIONSHIP: _____

CHURCH HOME: _____

IS YOUR CHILD BAPTIZED: **YES** - date: _____ **NO**

RELIGION/DENOMINATION: _____

ADMISSIONS INFORMATION

School last attended: _____

Phone #: _____

Are any other languages spoken at home? **YES** **NO**

If so, which language? _____

Has your child been evaluated for

Speech **YES** **NO**

Emotional or Psychological needs **YES** **NO**

Developmental delays **YES** **NO**

If YES to any of the above, please explain: _____

ADDITIONAL INFORMATION:

ENCORE 12:30 – 3pm **YES** ___ **NO** ___

EXTENDED DAY: 7AM-8:30AM ___ 3PM-6PM ___ **NONE** ___

I (We), the undersigned, do hereby certify this information to be correct and factual, and do hereby agree to the policies and regulations as required by Grace Lutheran School. I (We) further acknowledge this application for admission is for the designated school year above only, and that acceptance for admission this year does not guarantee, nor imply to guarantee, admission to subsequent years.

PARENT/LEGAL GUARDIAN: _____ DATE: _____

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Grace Lutheran School admits students of any race, color, nationality, or ethnic origin, and provides all the rights, privileges, programs, and activities generally accorded or made available to students at the school.