



**West Broward Academy VPK
ENROLLMENT APPLICATION
SCHOOL YEAR 2020-2021**

5281 Coconut Creek Parkway
Margate, FL 33063
954-702-2320

Cost:

***\$25.00 Non- Refundable Registration Fee for Full Day VPK Program:
(VPK certificate required to register)***

Full Day Program: 6:30am – 6:30pm.... \$500.00 per month

- Before Care: 6:30am – 8:30am***
- After Care Program 3:30pm - 6:30pm***

Wrap Around VPK 8:30am – 3:30 pm.... \$450.00 per month

VPK Director: Jessica Ruiz
School Principal: Will Pickens
Program Manager: Donna Lehn

West Broward Academy does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admission policies, athletic and other school-administered programs.

Priority will be given to our VPK students for enrollment into our Kindergarten program.

Enrollment Date: _____ Password: _____

Name: _____ Preferred Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: _____ Home Telephone: (____) _____

Program applying for: (circle) VPK only _____ VPK Full Day _____



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FAMILY INFORMATION

Parent's Name _____ Parent's Name _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Parent's Work (____) _____ Parent's Work (____) _____

Parent's Cell Phone (____) _____ Parent's Cell Phone (____) _____

Driver's license # _____ Driver's license# _____

Tag# _____ Tag# _____

Email Address: _____

Email Address: _____

Complete this section ONLY if it differs from the above information

Name _____ Name _____

Address: _____ Address: _____

Home (____) _____ Cell (____) _____ Home (____) _____ Cell (____) _____

Child lives with: Both () () Step-parent () other (specify) _____

Who has legal custody? _____

Person responsible for all payments: _____

Besides the parents, persons to reach in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



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Persons permitted to remove child *at any time*:

Name: _____ Relationship: _____

Driver's License Number _____ Phone: _____

Name: _____ Relationship: _____

Driver's License Number _____ Phone: _____

- Please notify us of any changes to pick up or phone number change or address change-immediately
- Special custody or pick up restriction must be accompanied by legal documents signed by a judge. There are no exceptions.

I have read and fully understand all the enclosed materials

Parent/Legal Guardian

Signature _____ Date: _____