



**Orange County Preparatory VPK
ENROLLMENT APPLICATION
SCHOOL YEAR 2020-2021**



**10250 University Blvd.
Orlando, FL 32817
407-440-9293**

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***

**VPK Director: Ashley Fleming
Principal: Chentella Graham
VPK Program Manager: Donna Lehn**

Orange County Preparatory 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.



Orange County Preparatory VPK

ENROLLMENT APPLICATION

SCHOOL YEAR 2020-2021



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 _____

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: _____



**Orange County Preparatory VPK
ENROLLMENT APPLICATION
SCHOOL YEAR 2020-2021**



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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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: _____