



KINDERGARTEN

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M / F

Child Primarily Lives With: Mom and Dad Mom Dad Other: _____

Primary Address: _____ City / Zip: _____ Home Phone: _____

Mother's Name: _____ DOB: _____ Email: _____ Cell #: _____

Employer: _____ Employer Phone: _____

Father's Name: _____ DOB: _____ Email: _____ Cell #: _____

Employer: _____ Employer Phone: _____

We heard about SCA through: friend: _____ magazine/ad: _____ Christian FM

SCA postcard SCA website Drive by other: _____

SCHEDULE PREFERENCE:

Kindergarten

5 Full Days (8:00 am - 3:00 pm) at \$140/week

ADDITIONAL PROGRAMS:

Precare (7:00 am - 8:00 am)

5-Day (M-F)

\$15/week

3-Day (M-W-F)

\$12/week

2-Day (T-TH)

\$10/week

Extended Care (3:00 pm - 5:30 pm)

\$25/week

\$22/week

\$20/week

REGISTRATION FEES: New Students \$150, Returning Students \$100. BOOK/TECHNOLOGY FEE: \$250 All Students. This is a one-time fee required to enroll in any SCA program in addition to VPK. You may add or delete programs throughout the year to fit your family's needs. Discounts available for members of Sunlight Community Church, military, sibling tuition, or 5-day bundled services.

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply):

Therapies: _____ Behavioral Concerns: _____

Allergies: _____ Medical Conditions: _____

EMERGENCY MEDICAL RELEASE

This is to certify that I voluntarily furnish medical information on the above-designated child to Sunlight Christian Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of Sunlight Christian Academy seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills. Initial _____

Primary Care Physician _____ Phone Number: _____

Health Insurance Company: _____ Policy # / Group #: _____

PICK UP AUTHORIZATION

In addition to primary caretakers listed on this form, I authorize the following individuals to drop off and pick up my child from SCA. I have also indicated who you may contact in the event of an emergency. Initial _____

Full Name of Person Authorized	DOB	Relationship	Phone Number(s)	Emergency Contact
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*The individuals listed above must present their ID on their first visit to pick up your child; we will scan their fingerprint into our system which will authorize them to drop-off or pick-up your child. You may add or remove individuals at any time at the front office.

REGISTRATION FEE & BOOK / TECHNOLOGY FEE

Registration and book/technology fees are required to enroll in our kindergarten program. These fees are non-refundable, even if your child withdraws from our school.

Initial _____

By signing below, you verify that all the information on this enrollment form is accurate and complete.

Parent Signature: _____ Date: _____