

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: _____

<p>VPK SCHEDULE PREFERENCE:</p> <p><input type="checkbox"/> VPK ONLY State Funded, 5-Half Day VPK Program ONLY:</p> <p><input type="checkbox"/> SCA VPK PLUS VPK PLUS Additional Programs: <i>*Non-refundable registration fee \$150 new families/\$100 returning families required.</i></p> <p>Option #1 – <input type="checkbox"/> AM 5-Half Day VPK (8:20-11:20) <input type="checkbox"/> Precare (7:00am-8:00am) \$15/week <input type="checkbox"/> Lunch Buddies (11:20-12:20) \$15/week</p> <p>Option #2 – <input type="checkbox"/> PM 5-Half Day (12:20-3:20) <input type="checkbox"/> Lunch Buddies (11:20—12:20) \$15/week <input type="checkbox"/> Extended Care (3:20-5:30) \$25/week</p>	<p>VPK Voucher Required # _____</p> <p><input type="checkbox"/> AM Session (8:20-11:20) <input type="checkbox"/> PM Session (12:20-3:20) <i>*No registration fee required</i></p> <p>Option #3 – <input type="checkbox"/> *FULL DAY VPK & Cultural ENR (8:00-3:20) <input type="checkbox"/> *Cultural Enrichment (8:00-3:20) \$100/week <input type="checkbox"/> Precare (7:00-8:00 am) \$15/week <input type="checkbox"/> Extended Care (3:20-5:30) \$25/week</p> <p><i>*AM/PM Sessions of VPK & Cultural ENR ASSIGNED by administration for FULL DAY students based on program availability.</i></p> <p><small>*Programs may be added or deleted throughout the year based on availability. Tuition discounts are available for members of Sunlight Community Church, military, sibling tuition, and advance annual prepayment. See front office for details. All SCA program tuition rates listed consist of an annual fee divided into weekly affordable payments for your convenience.</small></p>
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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. 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
 A registration fee is required to enroll in any SCA program in addition to VPK ONLY. Once this fee is paid you may add or delete programs at any time throughout the year based on availability. This registration fee is 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: _____

OFFICE USE ONLY: RD _____ EF _____ QB _____ PC _____ XL _____ CR # _____ PTD _____