

Kindergarten First Grade Second Grade Third Grade

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: _____

PROGRAM PREFERENCES:
 SCA Full Day Elementary Program (8am-3pm): \$6850 /Annually

Scholarship Eligibility:
 Step Up for Students McKay Gardener

 Sunlight Community Church Annual Scholarship

*Total Scholarship Amount Awarded: \$ _____

*Awarded to self-pay families ineligible for state funds: \$1000

Use the formula below to calculate your child's weekly tuition payment amount for the elementary program:

Annual tuition amount after scholarship credits = \$6850 - (\$ _____) = \$ _____ broken down into weekly affordable payments/39 weeks = \$ _____

ADDITIONAL PROGRAMS:
 Precare (M-F, 7:00 am - 8:00 am) \$15/week

NOTE: Additional programs are not eligible for payment by scholarship funds; these
 Extended Care (M-F, 3:00 pm - 5:30 pm) \$25/week

fees will be added to your child's weekly amount from above
REGISTRATION: \$150 for new families or \$100 for returning families. BOOK/TECHNOLOGY: \$250 *per student. Enrollment fees are due at registration to secure your child's placement and are non-refundable should you decide to withdraw at a later date. Tuition Discounts are available for members of Sunlight Community Church, military, sibling tuition, 5-day bundled services and annual prepayment. See the front office for details. All SCA program tuition rates listed consist of an annual fee divided into weekly affordable payments for your convenience.
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.
ENROLLMENT FEES

The registration & book/tech fees are required for enrollment in the elementary program and are non-refundable should we decide to withdraw. Initial _____

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

Parent Signature: _____ Date: _____

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