



**VPK PROGRAM**

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: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

SCA postcard  SCA website  Drive by  other: \_\_\_\_\_

**SCHEDULE PREFERENCE:**

VPK AM (8:30 am - 11:30 am)  VPK PM (12:30 pm - 3:30 pm)

**ADDITIONAL PROGRAMS:**

- Full Day (8:00 am - 3:30 pm)
- Cultural Enrichment (8:00 am - 3:30 pm)
- Precare (7:00 am - 8:00 am)
- Lunch Buddies (11:30 am - 12:30 pm)
- Extended Care (3:30 pm - 5:30 pm)

**5-Day**

- \$135/week
- \$75/week
- \$15/week
- \$15/week
- \$25/week

**3-Day**

- \$110/week
- \$60/week
- \$12/week
- \$12/week
- \$22/week

**2-Day**

- \$85/week
- \$45/week
- \$10/week
- \$10/week
- \$20/week

REGISTRATION FEES: New Students \$150, Returning Students \$100. 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.

**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	Relationship	Phone Number(s)

\*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. 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: \_\_\_\_\_