



3-YEAR-OLD PRESCHOOL PROGRAM 2024

Child's Name: _____ DOB: ____/____/____ Age: _____ Gender: M / F

Child's Primary Caretaker / Guardian: Mom and Dad Mom Dad Other: _____

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

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

Employer: _____ Address: _____ Phone: _____

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

Employer: _____ Address: _____ Phone: _____

We heard about SCA through friend advertising website drive by other _____

PROGRAM PREFERENCES

3-YEAR-OLD PROGRAMS:

- | | | |
|--------------------------------------|--------------|--------------------------------|
| <input type="checkbox"/> 5 Full Days | \$180 / week | (M-F 8:00 a.m. - 3:30 p.m.) |
| <input type="checkbox"/> 3 Full Days | \$150 / week | (M-W-F 8:00 a.m. - 3:30 p.m.) |
| <input type="checkbox"/> 2 Full Days | \$120 / week | (T-TH 8:00 a.m. - 3:30 p.m.) |
| <input type="checkbox"/> 5 Half Days | \$135 / week | (M-F 8:00 a.m. - 11:30 a.m.) |
| <input type="checkbox"/> 3 Half Days | \$115 / week | (M-W-F 8:00 a.m. - 11:30 a.m.) |
| <input type="checkbox"/> 2 Half Days | \$ 85 / week | (T-TH 8:00 a.m. - 11:30 a.m.) |

ADDITIONAL PROGRAMS:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Precare (7:00 am - 8:00 am) | <input type="checkbox"/> 5-Days (M-F) \$25 / week | <input type="checkbox"/> 3-Days (M-W-F) \$22 / week | <input type="checkbox"/> 2-Days (T-TH) \$20 / week |
| <input type="checkbox"/> Lunch Buddies (11:30 am - 12:30 pm) | <input type="checkbox"/> \$30 / week | <input type="checkbox"/> \$27 / week | <input type="checkbox"/> \$25 / week |
| <input type="checkbox"/> Extended Care (3:30 pm - 5:30 pm) | <input type="checkbox"/> \$40 / week | <input type="checkbox"/> \$37 / week | <input type="checkbox"/> \$35 / week |

\$ _____ Total Weekly Tuition (Administrative use only)

ANNUAL REGISTRATION FEE: New families \$250

ONLINE CAMERA FEE (Optional): \$250 Annual fee for up to 4 user IDs.

PHYSICIAN INFORMATION / EMERGENCY MEDICAL RELEASE

Child's Physician: _____ Address: _____ Phone: _____

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

This is to certify that I will voluntarily furnish medical information on the above designated child to Sunlight Christian Academy (SCA). I hereby request that in the event I or the people I authorize for emergency care cannot be reached in a timely manner, that an official representative of SCA may 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: _____

CHILD INFORMATION

Please check areas of concern you may have for child's educational needs and explain in the space provided.

Medical Conditions Allergies Therapies Behavioral Issues Separation Anxiety Other: _____

I understand Florida's Standardized School Entry Health Exam form (DH3040-CHP-07/2013) and Florida Certification of Immunization (Form DH 680) should be submitted to Sunlight Christian Academy upon enrollment. Initial _____

Child's Name: _____ DOB: ____/____/____ Age: _____ Gender: M / F

REQUEST FOR REGISTRATION

I hereby verify that all the information on this enrollment form is accurate and complete. The one-time registration fee is attached, and I acknowledge that this is a non-refundable processing charge, even if my child withdraws.

Parent signature _____ Date ____/____/____

AUTHORIZATIONS

I authorize the following individuals to be contacted in case of illness, accident, or emergency when parents or guardians cannot be reached. These individuals are permitted to remove my child from the facility. Initial _____

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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I authorize my child's photo and/or video graphic image to be used in Sunlight Christian Academy's marketing. Initial _____

To the best of my knowledge, I certify that the provided information is true and accurate.

Signature of Parent or Guardian: _____ Date: ____/____/____