Registration Date: __________________ Start Date: _________________

VPK 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

VPK Certificate # : ____________________________

4-YEAR-OLD PROGRAMS:

- ☐ 5 Full Days w/Voucher (540 hours 8:00 a.m. - 3:30 p.m.) — Free voucher
- ☐ 5 Full Days - Private Pay (540 hours 8:00 a.m. - 3:30 p.m.) — $180 / week*
- ☐ 5 Half Day Mornings - Private Pay (8:00 a.m. - 11:30 a.m.) — $135 / week*

**Registration fee required*

ADDITIONAL PROGRAMS: — **5-Days (M-F)**

- ☐ Precare (7:00 am - 8:00 am) — $25/week
- ☐ Lunch Buddies (11:20 am - 12:20 pm) — $30/week
- ☐ Extended Care (3:20 pm - 5:30 pm) — $40/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 __________

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 _____/______/______

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

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

____

Name Address Phone Relationship

☐ 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: ______/_______/______