

SUNLIGHT CHRISTIAN ACADEMY

VPK ENROLLMENT FORM

VPK SCHEDULE PREFERENCE:

- Morning (8:30 - 11:30 am)
 Afternoon (12:30 - 3:30 pm)

OPTIONAL ADD-ONS: Pre-care 7:00--8:00 am: \$10/week After-care 11:30-3:30: \$70/week Extended care 3:30-5:30 pm: \$25/week

Child's Name: _____ Today's Date: _____

Sex: _____ Date of Birth: _____ Home Phone: _____

Address: _____

Are you members of a church? Yes No If yes, what church? _____

Child lives with: Both parents Mother Father

Legal Custody: Both parents Mother Father (copy of custody papers must be on file at SCA)

Mother's Name: _____ SS# / DL# _____

Employer: _____ Work Phone Number: _____

Additional / Cell Number: _____

Email Address: _____

Father's Name: _____ SS# / DL# _____

Employer: _____ Work Phone Number: _____

Additional / Cell Number: _____

Email Address: _____

Please list the information of the person(s) authorized to pick up your child from the school, at any time with no prior notice. These people will also be called if you cannot be contacted in case of an illness, injury, or emergency. *It is your responsibility to keep this current!*

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

CHILD'S MEDICAL HISTORY

Illnesses: _____ Date: _____

Injuries: _____ Date: _____

Medications: _____

Allergies: _____ Reaction: _____ Date: _____

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.

Physician _____ Insurance Company: _____

Physician's Phone Number: _____ Policy # / Group #: _____

PARENT HANDBOOK

We have received and read a current copy of the Sunlight Christian Academy Handbook and agree to its policies. Initial _____

By signing below, you verify that you have received the above items and that all information on this enrollment form is accurate and complete.

Parent Signature: _____ Date: _____

Please complete this form and return to Sunlight Christian Academy to 477 SW Cashmere Boulevard, Port Saint Lucie, FL 34986.