



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: _____
 We heard about SCA through: friend: _____ magazine/ad: _____ Christian FM
 SCA postcard SCA website Drive by other: _____

PROGRAM PREFERENCES

Primary Academic Programs:

Half Day Mornings (8:30 am - 11:30 am)
 Half Day Afternoons (12:30 pm - 3:30 pm)
 Full Day (8:00 am - 3:30 pm)

5-Day

\$100/week
 \$100/week
 \$140/week

3-Day

\$85/week
 \$85/week
 \$115/week

2-Day

\$70/week
 \$70/week
 \$90/week

Additional Programs:

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

\$15/week
 \$15/week
 \$25/week

\$12/week
 \$12/week
 \$22/week

\$10/week
 \$10/week
 \$20/week

REGISTRATION FEE: \$150 for new families or \$100 for returning families. The registration fee is due at the time of enrollment 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, and annual prepayment. See 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. 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.

REGISTRATION FEE

A registration fee is required to enroll in our SCA three year old program. 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: _____

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