



Enrollment Application  
Summer Camp 2019

**FAMILY INFORMATION**

**CHILD INFORMATION**

First Name:		Last Name:	
Date of birth: / /	Child's Age:	Nickname:	
Child's address: Street:			
City:		State:	ZIP Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Afro-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
The child resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> One parent and step-parent <input type="checkbox"/> One parent <input type="checkbox"/> Other			
If "other" please explain:			
School/Daycare Previously attended:			<input type="checkbox"/> None
Grade student will be in this coming September:			

**PARENT/GUARDIAN 1 INFORMATION**

Parent/Guardian 1, Name:			
Relationship to child? <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____			
Cell Phone Number: ( )		Home Phone Number: ( )	
Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Different from above. Please fill out below			
Street:			
City:		State:	Zip:
Employer:		Work Phone:	
Responsible for Tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PARENT/GUARDIAN 2 INFORMATION**

Parent/Guardian 2, Name:			
Relationship to child? <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other _____			
Cell Phone Number: ( )		Home Phone Number: ( )	
Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Different from above. Please fill out below			
Street:			
City:		State:	Zip:
Employer:		Work Phone:	

**PROHIBITED FROM PICK-UP**

Please list all persons who are prohibited from picking up the child:  
 \*If a court order applies, please attach\*

Name:
Relationship:
Name:
Relationship:
Name:
Relationship:
Name:
Relationship:

Your child will not be released to anyone listed in this section.

YOUR CHILD WILL NOT BE RELEASED TO ANYONE IN THIS SECTION.

**EMERGENCY CONTACT LIST**

**\*\*Please list all people to be called and/or for pick-up of the child IN THE ORDER that you wish them to be called\*\***  
 Please list phone numbers in preference order. **Please include parents if they wish to be called.**

Contact #1:	Relationship to child:
Cell Phone:	Home Phone:
Contact #2:	Relationship to child:
Cell Phone:	Home Phone:
Contact #3:	Relationship to child:
Cell Phone:	Home Phone:
Contact #4:	Relationship to child:
Cell Phone:	Home Phone:
Contact #5:	Relationship to child:
Cell Phone:	Home Phone:
Contact #6:	Relationship to child:
Cell Phone:	Home Phone:

**CHILD'S MEDICAL HISTORY**

Please list any existing medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

(please list each allergy individually below)

Allergic to: _____
Reaction: _____
Medication: _____ <input type="checkbox"/> Epi pen needed
Allergic to: _____
Reaction: _____
Medication: _____ <input type="checkbox"/> Epi pen needed
Allergic to: _____
Reaction: _____
Medication: _____ <input type="checkbox"/> Epi pen needed
Allergic to: _____
Reaction: _____
Medication: _____ <input type="checkbox"/> Epi pen needed

**CHILD'S MEDICAL CARE PROVIDER**

This information is required and must be filled out in it's entirety.

Primary Care Physician: _____	
Practice / Clinic Name: _____	
Address: _____	Phone: _____
Preferred hospital for emergency care: _____	
Health Insurance Provider: _____	Policy Number: _____
Subscriber's name on card: _____	

**CHILD'S KNOWN LEARNING DISABILITIES**

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT / GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES**

As the parent/guardian, I give my consent to have my child (children) receive first aid by the child care staff and if necessary, be transported to receive emergency care. I also authorize the Director or the Administrator to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. I agree to review and update this

Parent/Guardian Signature:

Date:

*My signature gives my consent for all my children enrolled in SCA*

**MEDICATION ADMINISTRATION**

Individual state child care licensing regulations regarding medication must be followed. Any mandatory state form regarding administration or prescription or non-prescription medication must also be completed and signed by a parent/guardian. For any prescription or non-prescription medication, I will provide written authorization for SCA staff to administer the medication in accordance with written instructions from the child's health care professional. I agree to provide any such medications, as these will not be provided by the center. For prescription medication, I will complete necessary authorization forms with my signature and understand that the prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label

Parent/Guardian Signature:

Date:

*My signature gives my consent for all my children enrolled in SCA*

**MEDICAL POLICIES**

1	I understand that prior to enrollment; I must submit the most recent medical information to Sunshine Christian Academy. This includes an up-to-date immunization schedule and a Universal Health Care form that has been completed in the past 12 months. I understand that it is my responsibility to obtain a current one once the filed one
2	I agree to inform SCA immediately of any conditions, illnesses, allergies, or other special needs that may require specific care or attention.
3	If I receive notification that my child is ill, I understand that I must pick up my child as soon as possible and no later than two hours after being contacted.
4	If my child contracts a reportable contagious disease, I am aware that they may only return with written permission by a physician/health care professional stating that my child is no longer contagious.
5	In case of a medical or other emergency while my child is under SCA's supervision, I understand that the staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize SCA to act on my behalf and to take the emergency measures including those listed below if deemed necessary by SCA staff or by medical authorities for the care and protection of my child. I authorize SCA to: *Consult the physician listed above if I cannot be reached. *Administer first aid and/or cardiopulmonary resuscitation. *Transport my child via ambulance or other emergency medical service to a local hospital. *Obtain any emergency medical or dental treatment deemed necessary by medical authorities.

Parent/Guardian Signature:

Date:

*My signature gives my consent for all my children enrolled in SCA*

**Hours of Operation and School Closures**

The Academy is open from 6:30 am – 6:00 pm, Monday through Friday. SCA will be closed in recognition of various holidays throughout the year. SCA will provide the parents with advance notification of all holiday closings. Sonshine’s hours and holiday schedule are set, but may be changed at any time. There is no reduction in tuition as a result of the Academy’s closures.

If I or other authorized persons fail to pick up my child and/or contact SCA and I or other authorized persons cannot be reached, the staff, within 30 minutes after closing time or in accordance with state child care licensing regulations, may release children to the custody of child protective services or other local authorities.

SCA will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted and will be announced on radio station KYW 1060. If it becomes necessary to close early, it will be my responsibility to arrange for my child’s early pick-up. There will be no tuition credit for any time the Academy is closed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My signature gives my consent for all my children enrolled in SCA*

**Walking Trips and Transportation**

I give permission for my child to leave SCA for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by staff and will remain under proper supervision at all times.

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, educational excursions, and other school sponsored activities. I will be given a specific permission slip for each off-site filed trip during the Academic Year (Sept thru mid-June). During the Academic year, I understand that I may decline the trip, but by doing so I am forfeiting any child care for the day of the trip. By enrolling my child in Summer Day Camp, I understand that the trips are included in the schedule and no childcare is provided for children not attending a trip for their age group.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My signature gives my consent for all my children enrolled in SCA*

**Permission / Release for Photography**

Sonshine Christian Academy has a website for public information about our school and for parents and families to have access to information about upcoming events, trips and other general information. We sometimes include some pictures of our school and of our classrooms and/or events. It is our goal to show fun, interesting and appropriate pictures at all times.

I understand that photographs/videos may be taken by other parents/guardians as well.

I give my permission for my child(ren) to have their photos be used on the Sonshine website or in promotional information. Student’s names will never be used. This consent is effective until such time as I revoke it in writing to the school office

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My signature gives my consent for all my children enrolled in SCA*

**Other Terms**

Babysitting by center staff members is discouraged. However, should I hire any center staff member, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the staff member. I agree to hold SCA harmless from any arrangement.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My signature indicates my understanding for all my children enrolled in SCA*

**Fee Schedule and Payment Terms**

All tuition is due in advance of services rendered. The tuition is due by Friday preceding the week of school to be attended. Tuition can be paid in the office by 6:00 pm or via the online payment system by 11:59 pm. The payment site can be reached through Sonshine's website www.sonshineca.net. Any tuition paid after these times may incur a late fee of \$10.00. This late fee becomes part of the monies due to bring the student current in the system. Partial payment does not prevent late fees from incurring.

Initial

Tuition fees do not change in regards to illness, holidays, vacations, or emergency closure of SCA. Full tuition schedule is in place regardless to the changes, unforeseen or planned to the student's attendance.

A late pick-up fee of \$1 per minute will be assessed when a child is left beyond the closure time of SCA (6:00 pm). This fee is added onto the normal tuition and is required to bring the account up to date. Not paying the late pick up fee will incur a late payment fee. Chronic lateness at closing time (picking up the child after center hours 5 times within any 30 day period) may be grounds for termination of service.

If I withdraw my child from Sonshine Christian Academy and they return outside of a 30-day grace period, I understand that a new registration is required.

The children may have opportunities to participate in special programs or field trips. These may require additional fees. The cost of the activity or trip will be provided in writing and payment due date will be specified. If the payment is not received by the due date, this may result in the child not participating in such event. Any fees associated with special events are not included in tuition cost (Academic Year). Payments for the trips do not affect when tuition is due. There is no late fee on trip payments – the child would potentially be excluded from the event.

If an account falls more than three weeks delinquent, SCA may issue a written letter of warning. If the account has not been brought current, including all associated late fees and late pick-up fees, by the fourth week of the billing cycle, then a formal two-week notice of dismissal may be issued. Re-enrollment after the fees are paid is at the full discretion of the director. A new registration fee may be required if re-enrollment is allowed. SCA reserves the right to pursue collections in whatever manner is appropriate by law.

Tuition may be paid in cash, check, money order, cashier's check, or by online payment through our provided secure website. It is the responsibility of the parent/guardian to request a receipt at the time of payment. Payment summaries will be distributed monthly and are available anytime upon request. If a personal check is returned to SCA for non-payment, there will be a \$15 returned check fee. This money will be due the following week to avoid late fees from incurring.

A two-week written notice is required before the child's last day of attendance. The parent/guardian is responsible for all tuition and fees accrued during this time. If the child is withdrawn without the two-week notice, the parent/guardian can be held responsible for the missing weeks of tuition.

**I understand that my signature indicates that I have read the above information and agree to comply with all rules and responsibilities stated therein. I also agree that I have received and reviewed the State Licensing Information to Parents, Discipline Policy, Expulsion Policy, Communicable Disease Policy, and the Release of Children Policy and agree to comply with all the rules and regulations stated.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My initials and signature indicates agreement for all my children enrolled in SCA*

Date Received: \_\_\_\_\_ Admin 1 approval date: \_\_\_\_\_ Admin 2 approval date: \_\_\_\_\_