

Student's Name: \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Applying for \_\_\_\_\_

(VPK only) Teacher Request \_\_\_\_\_



**School Year 2021-2022**

## **PRESCHOOL APPLICATION**

Sonshine was established in 1986 as a ministry outreach of Crossroads Church  
(Formerly, First Assembly of God in Callahan).

45082 Frank Brookins Drive PO Box 5026

Callahan, Florida 32011

PHONE (904) 879-1260

FAX (904) 879-2640

www.sonshinechristian.com

Sonshine Christian Academy & Preschool is accredited by (LCS) League of Christian Schools & AdvancED/ Cognia.  
LCS Preschool Certification # 4558

### **Sonshine Christian Academy Mission Statement**

SCA partners with families to provide an outstanding Biblically-integrated education that equips students to: succeed professionally, know God personally, serve God passionately, and edify others persistently.

### **Sonshine Christian Academy Vision Statement**

SCA will dynamically impact the world for the glory of God by producing academically-equipped, spiritually-shaped, and Holy Spirit empowered individuals for strengthening the Body of Christ, The Church.

#### **Non-Discrimination Policy**

Sonshine Christian Academy and Preschool admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate in the administration of its educational policies, athletic, and other school administrative programs.

As a religious entity, SCA is legally permitted to make enrollment decisions based upon religious criteria, including doctrinal and lifestyle issues. It is the policy of SCA to enroll students who subscribe without reservation to SCA's Statement of Faith and Standard of Conduct. It does not discriminate in enrollment on the basis of race, color, sex (as determined by the birth certificate), national origin, age, disability, or any other characteristic protected by law.

#### **FOR OFFICE USE**

##### **New Student Enrollment Requirements:**

**All records must be originals.**

\_\_\_ Birth Certificate \_\_\_ Social Security Card \_\_\_ Immunization Record (HRS 680) \_\_\_ Current Well Check (HRS 3040)

\_\_\_ VPK Certificate of Eligibility \_\_\_ Parent ID

Out-of-State applicants must have medical records transferred to State of Florida forms by a physician.

# STUDENT ENROLLMENT INFORMATION

One sheet per student required.

Student's Full Name _____				Preferred Name _____		2021-22 Grade _____		DOB _____		Gender _____		Age _____					
Student's Physical Address _____		City _____		State _____		Zip _____		Student's Mailing Address (if different) _____				City _____		State _____		Zip _____	

## STUDENT HEALTH INFORMATION

Physician name and phone number _____						Student Health insurance Company and Group/policy # _____							
Student Ethnicity: African American/African/Black/Caribbean		Asian/Pacific Islander		Caucasian		Hispanic/Latino		Other _____		Prefer not to answer			

**Exceptional Student Educational Policy**  
 Students with identified exceptional needs will receive services within the scope and sequence of the Sonshine Christian Academy and Preschool curriculum and staffing. Admission for students with special needs is limited and based upon staffing and resources. The SCA educational program is based upon a mainstream classroom setting. SCA does not offer ESE classes.

Name any medical conditions, past or present, which would restrict physical or academic activities at School. (for example- diabetes, seizures, asthma, etc) \_\_\_\_\_

Name any behavioral conditions, past or present, which would restrict physical or academic activities at School. (for example- emotional disorders, ADHD, ADD, etc) \_\_\_\_\_

Is the student taking any prescription medications? If yes, please specify \_\_\_\_\_

Does the student have allergies to medications? If yes, please specify \_\_\_\_\_

Does the student have other allergies? If yes, please specify \_\_\_\_\_

Does the student receive special services such as speech, language, or physical therapy? If yes, please specify \_\_\_\_\_

Please explain any other important health information that was not listed above. \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION (WHOM THE CHILD LIVES WITH)

**Parent/Guardian #1** Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact # \_\_\_\_\_ Next Best Contact # \_\_\_\_\_

Email Address \_\_\_\_\_ (will be used for communication and billing)

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent/Guardian #2** Full name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact # \_\_\_\_\_ Next Best Contact # \_\_\_\_\_

Email Address \_\_\_\_\_ (will be used for communication and billing)

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

- If Student does not live with both parents, please circle the applicable reason: Parent Deceased    Parents Divorced    Parents Separated    Other
- Explain \_\_\_\_\_
- If parents are separated or divorced, who has legal custody? \_\_\_\_\_
- Is there a court order on file? If so please provide documentation and specify \_\_\_\_\_

## NON-CUSTODIAL PARENT INFORMATION (WHOM THE CHILD DOES NOT LIVE WITH)

**Non-Custodial Parent #1** Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact # \_\_\_\_\_ Next Best Contact # \_\_\_\_\_

**Non-Custodial Parent #2** Full name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact # \_\_\_\_\_ Next Best Contact # \_\_\_\_\_

# EMERGENCY CONTACTS AND TRANSPORTATION INFORMATION

**EMERGENCY CONTACTS FOR PICK-UP:** Please list in order of call preference persons to contact in case parents listed above cannot be reached.

NAME AS LISTED ON ID	RELATIONSHIP TO STUDENT	PHONE NUMBER
1.		
2.		
3.		

**TRANSPORTATION ONLY:** Please list (using their name as it appears on their ID) persons allowed to pick up your student (do not include parents or contacts listed above).

1.	2.	3.
4.	5.	6.

**SCA STATEMENT OF LIABILITY AND PARENT/GUARDIAN CONTRACT**

I understand that I have or will receive the current "Student Handbook" upon enrollment and realize that my child and I are responsible to read and abide by the policies therein and to be in harmony and cooperative with the administration, faculty, mission, and vision of Sonshine Christian Academy & Preschool. My child and I will be an encouragement to others by abiding by the policies of SCA. The SCA "Student Handbook" is revised annually.

I do hereby agree to hold Crossroads Church and Sonshine Christian Academy & Preschool, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with my child's participation in the Academy and any other associated activities. I further agree to hold Crossroads Church and Sonshine Christian Academy & Preschool, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to a Third Party or his property which may arise in the future in connection with my child's participation in the Academy and any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

**Consent Agreement**

Parents have the responsibility in guiding their child's behavior at home and influencing his/her conduct at Sonshine Christian Academy & Preschool. Parents should make sure that the student arrives on time and is properly dressed. Appropriate rules of conduct will be applied to all students at SCA. Students are expected to comply with all rules in a respectful manner.

- Upon acceptance of my child into SCA, I am obligated to pay the tuition and all other fees when due. The school will make no refund of these fees.
- I will support SCA's enforcement of rules of conduct as listed in the Parent/Student Handbook and as the school administration deems necessary.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

BY \_\_\_\_\_

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA Notary's Name (printed)  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

**Sonshine Christian Academy**  
**Preschool 2021-2022 Tuition Agreement**

Responsible Parent/Legal Guardian Name(s): \_\_\_\_\_

**STUDENTS NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**2 AND 3 YEAR OLD PRESCHOOL REQUIRED ENROLLMENT FEES (PER STUDENT)**

Enrollment Fee	Due upon enrollment	\$ 230.00
Supply Fee	Due by the first day of attendance	\$ 150.00
Insurance Fee	Due by the first day of attendance	\$ 20.00

**REQUIRED: SELECT ONE PRESCHOOL OPTION:** We are open Mon- Fri 7am-5pm for your preschool care.

<b>2 YEAR OLDS (AUG- MAY)</b>		<b>3 YEAR OLDS (AUG-MAY)</b>	
Full Time (Mon-Fri) - \$625 monthly		Full Time (Mon-Fri) - \$585 monthly	
Part Time (Mon, Wed, Fri Only) - \$530 monthly		Part Time (Mon, Wed, Fri Only) - \$480 monthly	
Part Time (Tues & Thurs Only) - \$380 monthly		Part Time (Tues & Thurs Only) - \$350 monthly	
Optional 2021 Summer Option (7 weeks June-July) - \$130.00 / Week Mon-Thurs Only (closed on Fridays)		Optional Summer Option (7 weeks June-July) - \$130.00 / Week Mon-Thurs Only (closed on Fridays)	

**VPK 4 YEAR OLD TUITION RATES AND FEES**

**REQUIRED: SELECT ONE VPK OPTION:**

VPK AM Session (choose only one)	Mon-Thurs 8am-1145am **Classes are filled based on a first-come (all paperwork received) first-served bases.	No Charge with VPK Certificate of Eligibility; seats are limited
VPK PM Session (choose only one) <i>Morning wraparound care is not available for PM VPK session.</i>	Mon-Thurs 1230-415pm **Classes are filled based on a first-come (all paperwork received) first-served bases.	No Charge with VPK Certificate of Eligibility; seats are limited

**OPTIONAL: SELECT ONE WRAPAROUND OPTION:**

		<b>Required Enrollment Fees:</b> Registration Fee: \$ 180.00- due upon enrollment Supply Fee: \$100.00-due by first day of attendance Insurance Fee: \$20.00-due by first day of attendance	
VPK AM Session + <b>Full-time Wraparound Care</b> (Includes "Fun Fridays")	Mon- Fri 8am- 1130am Wraparound available Mon-Fri 1130am-5pm	\$550.00 monthly; seats are limited	
VPK AM Session + <b>Part-time Wraparound Care</b> (up to 11 days a month, does not include "Fun Fridays")	Mon- Thurs 8am-1130am, Wraparound available Mon- Thurs 1130am-5pm	\$330.00 monthly; seats are limited	
VPK AM Session + <b>Drop-In Only Wraparound Care</b> (does not include "Fun Fridays")	Wraparound available Mon-Thurs 1130am-5pm	\$40.00 / day; seats are limited	

**OPTIONAL: FUN FRIDAY OPTION:**

"FUN FRIDAY" Drop-In (optional)	Friday 8-1130m **Classes are filled based on a first-come (payment received) first-served bases.	\$ 25.00 / day paid in advance to reserve; seats are limited
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**STATEMENT OF PAYMENT TERMS**

- Yearly fees and are nonrefundable, not transferable, and not prorated. Monthly tuition is nonrefundable and is only prorated with mid-month enrollment.
- For students who withdraw or must be dismissed from school, all yearly fees and tuition through the current month is due. This means if a student withdraws on the 3rd of any given month, any unpaid yearly fees and tuition through that month is due. Also if any additional fees have accrued, those fees are also due.
- Monthly payments are always due in advance by the first of the month. Daily fees are due in advance on the first day of the week. Any credits or additional charges will be settled for the next payment.
- Late Fees will be assessed every 10th day to accounts that are not paid by the due date. Students with overdue accounts will be withheld from attending.
- Students not picked up on time will be assessed a late pick up fee of \$15 per quarter hour.
- A service charge will be assessed for all checks returned by the bank. (All future payments will be in the form of cash/money order).
- Our Preschool offers tuition discounts to siblings, Nassau County teachers, Nassau County First Responders, local Clergy, active military, and to families who pay tuition early. Please stop by our office for more information.

**ADDITIONAL PRESCHOOL AND VPK INFORMATION**

- Breakfast is served for AM VPK students from 7- 7:50 am in the school cafeteria at no additional cost.
- Breakfast, lunch, and one afternoon snack are included for 2 and 3 year old preschool and VPK wraparound students.
- 2-3 Year olds and VPK Wraparound students will need a nap mat, pillow, and blanket for naptime. These items will stay in the classroom.
- 2 Year old preschool parents will be responsible for sending their own diapers and wipes. 3 Year old preschool students must be potty trained.
- All students should have a full change of clothes including shoes in a Ziploc to use as needed. These items will stay in the backpack.

**Acknowledgment:**

**We/I, the undersigned, having carefully read this entire Tuition Acknowledgement, including the Tuition and Fees schedule, do hereby acknowledge that we fully understand and adhere to the terms and conditions as set forth herein.**

\_\_\_\_\_  
Parent /Guardian's name (Please Print)

\_\_\_\_\_  
Parent /Guardian's Signature

\_\_\_\_\_  
Date