

Student's Full Name: _____

Today's Date ____/____/____ Start Date: ____/____/____

Students age as of June 1 _____



Sonshine Summer Blast

Camp offered for ages 5-10 years old.
Monday – Thursday 8:00 am until 5:00 pm
June 6 – July 21 (7 week program)

The SCA campus will be closed July 4, 2022 in observance of Independence Day.

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

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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 Fundamental Truths 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 forms must be originals.

Current SCA students or returning Campers may already have these forms on file.

___ Birth Certificate ___ Social Security Card ___ Immunization Record (HRS 680)

___ Current Well Check (HRS 3040) ___ Parent ID

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

2022 Sonshine Summer Camp Summer Blast Rates and Payment Acknowledgement

Full-Time M-Th OR Drop-In – M T W Th

(Based on availability. FT students are given priority.
Please circle days you would prefer to attend.)

Responsible Parent/Guardian Name(s): _____

AGES 5-10 YEARS OLD - STUDENTS ENROLLED FOR THE 2022 SONSHINE SUMMER CAMP

- | | |
|--------------------|--------------------|
| 1. _____ Age _____ | 2. _____ Age _____ |
| 3. _____ Age _____ | 4. _____ Age _____ |

| Must Choose: Full Time OR Drop-In | |
|---|--|
| Registration Fee Registration is nonrefundable & not discounted. | \$100.00 per child |
| 5-10 year olds Full Time Full tuition is due in advance on Monday of each week to maintain enrollment. Full Time Tuition is due regardless of attendance. Priority enrollment is given to full time students enrolling for the entire 7 weeks of care. Students choosing to use summer camp for less than the 7 week program or for only specific weeks may only do so based on availability. | \$135.00 per week for 7 weeks \$910 total if all 7 weeks are paid in advance. \$5/week discount applied for each additional sibling. |
| 5-10 year olds Drop-In Drop In Students are allowed only if space is available in the classroom and is not guaranteed. Please check with our office 2 days prior to attending to verify if space is available. | \$45 per day due on the day of attendance. Student only charged for days attended. Sibling discount does not apply. |
| 5-10 Summer Camp T-shirt Circle student's shirt size: YXS YS YM YL AS AM AL | Included and required for field trips. |
| Vacation – Full Time Tuition is due regardless of attendance. Our program is closed the week of May 30 and July 25. | |

TUITION ASSISTANCE

Sonshine Christian Academy Summer Blast does not offer any type of Tuition Assistance or Scholarships.

STATEMENT OF PAYMENT TERMS

- Payments may be made by electronic invoice, in the office or the drop box by cash, money order, personal check, or credit card (fee applies to each card transaction).
- All financial obligations are to be cleared with the school office before the end of each week.
- Students with overdue accounts will be withheld from attending summer camp.
- Late fees will be billed to each account if the scheduled payment has not been received within three days of the due date.
- There is a charge for any part of each quarter hour for students not picked up by 5:00 p.m.
- 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).

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 name (Please Print)

Date

STUDENT ENROLLMENT INFORMATION

One sheet per student required.

| | | | | | | | | | |
|----------------------------|--|------|-------|----------------|--|-----|--------|-------|-----|
| Student's Full Name | | | | Preferred Name | 2022-23 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 | | | Parent/Guardian #2 | Full name | | |
| Mailing Address | City | State | Zip | Mailing Address | City | State | Zip |
| Best Contact # | Next Best Contact # | | | Best Contact # | Next Best Contact # | | |
| Email Address | (will be used for communication and billing) | | | Email Address | (will be used for communication and billing) | | |
| Place of Employment | Phone # | | | Place of Employment | Phone # | | |
| <ul style="list-style-type: none"> 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 | | | Non-Custodial Parent #2 | Full name | | |
| Mailing Address | City | State | Zip | Mailing Address | City | State | Zip |
| Best Contact # | Next Best Contact # | | | 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 Summer Camp Rules and Requirements 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.

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.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical decisions on behalf of my child, if required by law or a health care provider, Sonshine Christian Academy. I understand that the camp/church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the camp in the event of any health changes, which would restrict my child's participation in any normal school activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

SCA COMPUTER AND INTERNET USAGE AGREEMENT

Students will respect others right to privacy and property.

Students may only use electronic devices and access the internet if they have specific permission from a teacher or administration.

Students will not make changes to computer programs, files, and other information unless given permission to do so. Students will not give out any personal information or school information over the internet.

Students must follow teacher or administration given guidelines.

Students must use devices with care and not purposely destroy or damage SCA property.

Use of devices and internet is a privilege, not a right.

The school may do random inspections of devices, hardware, and software.

Students must not share user ids or passwords with other students.

Students realize that administration has total control over the school provided internet and the devices on campus.

By signing below, you are stating that you have read and agree to the information above and you authorize your student to use devices to access the internet while at school.

Student Signature and 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 PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)