

Student's Name: _____

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

Grade Applying for _____

Teacher Request (VPK only) _____



School Year JUNE 2022-MAY 2023

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 only) 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 _____ | | 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 _____ | |
| 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 _____ | |
| 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 "Parent / 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 "Parent / 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 PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

Sonshine Christian Academy
Preschool June 2022- May 2023 Tuition Agreement

RESPONSIBLE PARENT/GUARDIANS NAME(S) _____

STUDENTS NAME _____

DOB _____

2-3 YEAR OLDS: SELECT PRESCHOOL CARE OPTION(S):

****Classes are filled based on first-come first-served bases (all paperwork & fees received).**

2 AND 3 YEAR OLD PRESCHOOL REQUIRED ENROLLMENT FEES

| | | |
|-----------------------|---|-----------|
| Enrollment Fee | Due upon enrollment (Annually) | \$ 230.00 |
| Supply Fee | Due by the first day of attendance (Annually) | \$ 150.00 |
| Insurance Fee | Due by the first day of attendance (Annually) | \$ 20.00 |

2 OLD PRESCHOOL CARE OPTION (S)

3 OLD PRESCHOOL CARE OPTION (S)

| | |
|---|---|
| (OPTIONAL) 2 YEAR OLD'S SUMMER CARE (JUNE 6-JULY 22, 2022) MON- THURS 8am-5pm, closed on Fridays - \$135 weekly (7 weeks) | (OPTIONAL) 3 YEAR OLD'S SUMMER CARE (JUNE 6-JULY 22, 2022) MON- THURS 8am-5pm, closed on Fridays - \$135 weekly (7 weeks) |
| (Required Select ONE option below) | (Required Select ONE option below) |
| 2 YEAR OLDS (AUG 2022 - MAY 2023) MON- FRI 7am-5pm, follows SCA School Calendar | 3 YEAR OLDS (AUG 2022 - MAY 2023) MON- FRI 7am-5pm, follows SCA School Calendar |
| Full Time (Mon-Fri) - \$650 monthly | Full Time (Mon-Fri) - \$615 monthly |
| Part Time (Mon, Wed, Fri Only) - \$550 monthly | Part Time (Mon, Wed, Fri Only) - \$515 monthly |
| Part Time (Tues & Thurs Only) - \$425 monthly | Part Time (Tues & Thurs Only) - \$390 monthly |

VOLUNTARY PREKINDERGARTEN (VPK): SELECT OPTION(S):

****Classes are filled based on first-come first-served bases (all paperwork received).**

VPK TUITION RATES AND FEES

| | | |
|---|--|--|
| (OPTIONAL) 4 YEAR OLD'S SUMMER CARE (JUNE 6-JULY 22, 2022) | MON- THURS 8-5pm, closed on Fridays - \$135 weekly (7 weeks) \$100 Registration Fee Per child | *This is <i>not</i> an instructional summer VPK program |
| VPK (AUG 2022 - MAY 2023) : Required Select ONE option below | | |
| VPK MORNING session | Mon-Thurs 8am-1145am | No Charge for VPK instructional hours with Certificate of Eligibility, seats are limited |
| VPK AFTERNOON Session | Mon-Thurs 1230pm-415pm | No Charge for VPK instructional hours with Certificate of Eligibility, seats are limited |

****Available for VPK MORNING students only and filled based on first-come first-served bases (all paperwork & fees received).**

OPTIONAL: SELECT ONE WRAPAROUND OPTION:

| | | |
|--|--|---|
| Required Enrollment Fees: | Registration Fee: \$ 180.00 Supply Fee: \$100.00 Insurance Fee: \$20.00 | due upon enrollment due by first day of attendance due by first day of attendance |
| VPK morning session Full-time Wraparound Care | Available Mon- Thurs 11:45am -5pm and Fridays 7am-5pm | \$550.00 monthly; seats are limited |
| VPK morning session "Drop-In" Wraparound Care (based on availability) | Available Mon-Thurs 11:30am-5pm, Does <i>not</i> include Fridays. | \$40.00 / day; seats are limited |

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 yearly 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.
- 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).
- Students not picked up on time will be assessed a late pick up fee of \$15 per quarter hour.
- 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. Discount offers cannot be combined.

ADDITIONAL PRESCHOOL AND VPK INFORMATION

- Breakfast is served for AM VPK students from 730- 8 am at no additional cost. Family Meals application required.
- Breakfast, lunch, and one afternoon snack are included for 2 and 3 year old preschool and VPK wraparound students.
- 2-3 Year olds and Wraparound students will need a WIPEABLE nap mat, pillow, and blanket for naptime. These items will stay in the classroom and will be sent home weekly for cleaning.
- 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 _____