

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

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade applying for: \_\_\_\_\_

**School Year 2021-2022**

## **ACADEMY APPLICATION**

**Kindergarten-7th Grade**



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

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Callahan, Florida 32011

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www.sonshinechristian.com

Sonshine Christian Academy & Preschool is accredited by (LCS) League of Christian Schools & AdvancED/ Cogna.  
FLOCS 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 forms must be originals.**

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

\_\_\_\_ Current Grades \_\_\_\_ Last Report Card (Transcript) \_\_\_\_ Parent ID

\_\_\_\_ Homeschooled Students require an official portfolio and/or proof of compliance with home school policies of their county

Interview Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewed by \_\_\_\_\_

Testing Date \_\_\_\_\_ Time \_\_\_\_\_ Tested by \_\_\_\_\_

\_\_\_\_ Immunization Record update required for new and current students entering Kindergarten and the 7<sup>th</sup> grade (HRS 680)

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 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 and parents 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student (3<sup>rd</sup> grade and up) Signature

\_\_\_\_\_  
Date

## SCA DRUG TESTING CONSENT 7<sup>TH</sup>-12<sup>TH</sup> GRADE ONLY

I consent to any random or suspicion drug testing that may be required. The selection for random testing will be done by administration and selected students will be notified on the day they are to report to the testing agency. The school will pay for the random testing. The student or parent is responsible for any assessment and/or rehabilitation program, in the event of a violation of the drug test.

I hereby consent to the administration of drug testing and the conditions listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student (7<sup>th</sup> grade and up) Signature

\_\_\_\_\_  
Date

## 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**  
**Kindergarten- 7th Grade 2021-2022 Tuition and Fee Agreement**

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

STUDENT ENROLLED IN KINDERGARTEN – 7<sup>TH</sup> GRADE FOR THE 2020-2021 SCHOOL YEAR

STUDENT NAME \_\_\_\_\_

2021/22 GRADE \_\_\_\_\_

**REQUIRED FEES AND TUITION ARE NON-REFUNDABLE, NOT TRANSFERABLE, AND NOT PRORATED.**  
*Fees and Tuition schedule does not cover the full cost of Sonshine Christian Academy education.*

<b>REQUIRED FEES AND TUITION</b>		
STUDENT APPLICATION FEE (New Students applying to SCA for the first time)	\$100/ STUDENT (applies to all new applicants regardless of scholarship status) * is not part of the cost listed below.	
ANNUAL STUDENT ENROLLMENT FEE (Due with application annually for all students)	\$100/ STUDENT (applies to all enrolling students regardless of scholarship status) * is not part of the cost listed below.	
<b>GRADE</b>	<b>TUITION PER STUDENT FOR 10 MONTHS</b>	<b>MONTHLY TUITION PAYMENT DUE AUGUST 1<sup>ST</sup> – MAY 1<sup>ST</sup></b>
KINDERGARTEN – 7 <sup>th</sup> GRADE	\$7,525.00	\$752.50/ month
Optional Aftercare Kindergarten – 7 <sup>th</sup> Grade Initial to enroll and circle option.	Full-Time Option available 3:15-5pm Monday – Thursday. Drop-In Option available if enrollment is open 3:15-5pm Monday – Thursday. No Aftercare available on Fridays.	\$200/ month / student Full-Time  \$25 / day / student Drop-In

WHAT IS INCLUDED?

- Sonshine Christian Academy & Preschool strives to provide an excellent value for your student's Christian school education. The total cost listed above will include (unless otherwise advised) required curriculum, tuition, testing, technology, and student accident insurance.
- Student supplies, field trips, memory items, uniforms, and optional purchases such as concessions and fundraisers are not included.
- Families will be notified in advance when additional fees are assessed for programming not already included in your monthly tuition.
- Declining any service or product that is included in the total cost will not reduce the cost to attend and will not result in a reimbursement nor a collection of service or products later.
- Families who enroll after the first day of school or withdraw before the last day of school forfeit any items that are ordered or delivered beyond the months of enrollment.

TUITION ASSISTANCE & SCHOLARSHIPS

- We accept a limited number of the following scholarships: John McKay, Step Up for Students (FTC) and (FES). Scholarship award letters and enrollment fees are due upon enrollment when the application is turned in.
  - Applications will not be accepted without the required fee.
  - If you are a scholarship recipient, our bookkeeping office will provide a scholarship statement to you within the first month of school that will outline your scholarship award and any estimated remaining balance due.
    - Family balances less than \$300 are due by September 1<sup>st</sup>.
    - Family balances that exceed \$300 may be paid in full by September 1<sup>st</sup> or split into 9 equal payments due September 1<sup>st</sup> – May 1<sup>st</sup>.
  - Any change in your scholarship amount will be calculated and will affect your out of pocket cost.
- If your family does not qualify for a scholarship, a 7% discount will be extended to your monthly payment when paid before the due date. To receive this discount, families must provide a SUFS scholarship denial letter or submit documentation to our office to exclude your qualification of scholarship programs. Please call our office to begin the qualification process. The monthly discount becomes void for payments received on or after the 1<sup>st</sup> of the month.
- Our Academy 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.

STATEMENT OF PAYMENT TERMS

- 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.
- 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).
- 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 who are not picked up on time will be automatically enrolled into our aftercare program and will be charged the appropriate fees for childcare. Students not picked up from aftercare on time will be assessed a late pick up fee of \$15 per quarter hour.
- All financial obligations are to be cleared with the school office before May 31st. Students will not be allowed to start school or continue during the year if financial obligations are not current. Report cards, diplomas, transcripts, and other official school records will not be released until balances are cleared.
- For students who withdraw or must be dismissed from school, all yearly fees and tuition through the current month are due, curriculum must be returned, and all items for future disbursement are forfeited.

ACKNOWLEDGEMENT

We/I, the undersigned, having carefully read this entire Tuition Agreement, hereby acknowledge that we fully understand and will adhere to the terms and conditions of this agreement as set forth herein.

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

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

\_\_\_\_\_  
Date