



Registration Date: _____ Start Date: _____

VPK PROGRAM 2025-2026

Child's Full Name: _____ DOB: ___/___/___ Age: _____ Gender: M / F

Child's Primary Caretaker / Guardian: Mom and Dad Mom Dad Other _____

Primary Address _____ City / Zip _____ Phone _____

Mother's Name _____ DOB ___/___/___ Email _____ Cell # _____

Employer _____ Address _____ Phone _____

Father's Name _____ DOB ___/___/___ Email: _____ Cell # _____

Employer _____ Address _____ Phone _____

PROGRAM PREFERENCES: _____ VPK Certificate # _____

VPK Only: State Funded 5-Half Day Program *registration fee not required" 8:30 am – 11:30 am

SCA VPK PLUS Additional Programs *registration fee required

AM Options: ___ Pre-care (7:00 am - 8:00 am) \$30

___ Half-Day VPK (8:30 am-11:30 am)

___ Lunch Buddies (11:30 am -12:30 pm) \$35

Full Day Options: ___ Pre-care (7:00 am - 8:00 am) \$30

___ VPK PLUS Cultural Enrichment

(8:00 am - 3:30 pm) \$150.65

___ Extended Care (3:30 pm - 6:00 pm) \$50

Total Weekly Tuition: \$ _____ (Administrative use only)

ANNUAL FAMILY REGISTRATION FEE: New families \$300, Returning families \$250. [Discounts available for members of Sunlight Community Church, active military, and sibling tuition] Based upon availability, program changes may be made throughout the year to meet the needs of your family. **All SCA program tuition rates listed consist of an annual fee broken down into affordable weekly payments.**

If applicable: ELC School Readiness Certificate# _____ Daily Co-Pay \$ _____ Eligibility End Date: _____

[Additional Unscheduled drop-in fee of \$10 for time beyond the enrollment agreement.]

I understand Florida's Standardized School Entry Health Exam form (DH3040-CHP-07/2013) and Florida Certification of Immunization (Form DH 680) should be taken to Sunlight Christian Academy upon enrollment and attendance.

Child's Health Exam Expiration Date: _____ Child's Immunization Expiration Date: _____ Initial _____

REQUEST FOR REGISTRATION

I hereby verify that all the information on this enrollment form is accurate and complete. The **one-time registration fee is attached**, and I acknowledge that this is a non-refundable processing charge, even if my child withdraws.

Parent signature _____ Date _____

PHYSICIAN INFORMATION / EMERGENCY MEDICAL RELEASE

Child's physician: _____ Address: _____ Phone: _____

Health Insurance Company _____ Policy# / Group #: _____

This is to certify that I will voluntarily furnish medical information on the above designated child to Sunlight Christian Academy (SCA). I hereby request that in the event I or the people I authorize for emergency care cannot be reached in a timely manner, that an official representative of SCA may seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills. Initial _____

CHILD INFORMATION

Please check areas of concern you may have for our child's educational needs and explain in the space provided.

Medical conditions Allergies Therapies Behavioral Issues Separation Anxiety Toileting Other: _____

Child's Name: _____

DOB: ___/___/___

Gender: M / F

AUTHORIZATIONS

I authorize the following individuals to be contacted in case of illness, accident, or emergency when parents or guardians cannot be reached. These individuals are permitted to remove my child from the facility. **Initial** _____

Name	Address	Phone	Relationship

Name	Address	Phone	Relationship

I authorize my child's photo and/or video graphic image to be used in Sunlight Christian Academy's marketing plans. **Initial** _____

I authorize Sunlight Christian Academy personnel to have access to my child's records. **Initial** _____

I authorize my child to attend Chapel at Sunlight Community Church, Lake Worth Sanctuary every Wednesday at 9 am. **Initial** _____

To the best of my knowledge, I certify that the provided information is true and accurate.

Signature of Parent or Guardian

Date: _____

ADDITIONAL PALM BEACH COUNTY REGULATIONS

- Article XV, B, 7, a, PBC Rule requires that parents receive a copy of the Child Care Facility Brochure. I have received the CCC Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER.**
- Article IV, C, 5, PBC Rule requires that parents be notified in writing of the disciplinary practices used by the childcare facility. Therefore, I agree with the **DISCIPLINARY PRACTICES AND POLICY** in the SCA Handbook. Additionally, I understand SCA Parent Handbook is always available on the Brightwheel app, and a hard copy is available upon request.
- Article XIII, B, 1, PBC Rule requires the parents to complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident, and if the parents cannot be reached. I authorize the childcare center to obtain emergency medical care for my child if necessary.
- Article XII, B, PBC Rule requires the parent and the center to complete an **ALTERNATE NUTRITION PLAN AGREEMENT** when meals or snacks replace the SCA-LW Food Plan and are furnished by the child's parent for special dietary restrictions.
Explain _____

I understand and approve of the use of the Alternate Nutrition Program. Therefore, I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. (Mark **P** for Parent provides, or **C** for Center provides in the boxes below.)

(___) **Breakfast** (___) **Lunch** (___) **P.M. Snack**

I understand The Palm Beach County Regulations and agree to the above articles indicated in numbers 1 through 6.

Signature of Parent or Guardian

Date: _____

We heard about SCA through **Friend** Name: _____ Phone: _____

Advertising **Website** **Drive by** **Other** _____