

# SONSHINE CHRISTIAN ACADEMY PRESCHOOL

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

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Year  
**2008-2009**

## STUDENT APPLICATION

# VPK

### PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

**OPTION A**

(VPK with Wrap-around)

**OPTION B**

(VPK Only/Morning Session)

**OPTION C**

(VPK Only/Afternoon Session)

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

The mission statement of Sonshine Christian Academy Preschool is based upon development of the whole child through providing biblical training, introducing age appropriate readiness skills and physical development; therefore demonstrating sensitivity to the needs of children.

“He tends His flock like a shepherd: He gathers the lambs in His arms and carries them close to His heart; He gently leads those that have young.”

Isaiah 40:11

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FAX (904) 879-2640

Gold Seal Accredited; FLOCS certification # 3104558

[www.sonshinechristian.com](http://www.sonshinechristian.com)

Sonshine Christian Academy Preschool does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of its program.

## **STATEMENT OF FAITH**

- WE BELIEVE** the Bible to be the inspired and only infallible and authoritative Word of God. (II Timothy 3:15-17; I Thessalonians 2:13; II Peter 1: 21)
- WE BELIEVE** that there is one God, eternally existent in three persons: God the Father, God the Son and God the Holy Spirit. (Deuteronomy 6:4; Isaiah 43:10-11; Matthew 28:19; Luke 3:22)
- WE BELIEVE** in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His Miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory. (Matthew 1:23; Luke 1:31,35; Hebrews 7:26; I Peter 2:22; Acts 2:22; Acts 10:38; I Corinthians 15:3; II Corinthians 5:21; Matthew 28:6; Luke 24:39; I Corinthians 15: 4; Acts 1:9, 11; Acts 2:33; Philippians 2:9-11; Hebrews 1-3)
- WE BELIEVE** in the Blessed Hope, which is the Rapture of the church at Christ's coming. (I Thessalonians 4:16-17; Romans 8:23; Titus 2:13; I Corinthians 15:51-52)
- WE BELIEVE** that the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ. (Luke 24:47; John 3:3; Romans 10:13-15; Ephesians 2:8; Titus 2:11; Titus 3:5-7)
- WE BELIEVE** that the redemptive work of Christ on the cross provides healing of the human body, soul, and spirit. (Isaiah 53:4-5; Matthew 8:16-17; James 5:14-16)
- WE BELIEVE** that the Baptism of the Holy Spirit, according to Acts 2:4, is available to believers. (Luke 24:49; Acts 1:4-8; I Corinthians 12:1-31; Acts 8:12-17; Acts 10:44-46; Acts 11:14-16; Acts 15:7-9)
- WE BELIEVE** in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life. (Romans 12:1-2; I Thessalonians 5:23; Hebrews 13:12; Romans 6:1-11, 13; Romans 8:1-2, 13; Galatians 2:20; Philippians 2:12-13; I Peter 1:5)
- WE BELIEVE** in the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation. (Matthew 25:46; Mark 9:43-48; Revelation 19:20; Revelation 20:11-15; Revelation 21:8)

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

The mission statement of Sonshine Christian Academy Preschool is based upon development of the whole child through providing biblical training, introducing age appropriate readiness skills and physical development; therefore demonstrating sensitivity to the needs of children.

### **Isaiah 40:11**

“He tends His flock like a shepherd: He gathers the lambs in His arms and carries them close to His heart; He gently leads those that have young.”

# **PARENT/LEGAL GUARDIAN'S STATEMENT OF SUPPORT**

NOTE: Please read the following statements. If there is a statement you cannot personally support, please initial it and discuss it with us in a personal interview. Generally, your honest inability to commit to any of these support measures would not necessarily prohibit acceptance into Sonshine Christian Academy Preschool; however, we want you to know from the start the foundational premises of Sonshine Christian Academy Preschool, our parental expectations, and how important it is to have your personal support.

1. We have read the "Statement of Faith" of the preschool and are willing to have our children educated in accordance with them.
2. We will regularly and earnestly pray for Sonshine Christian Academy Preschool.
3. We will worship the Lord regularly at a Bible-believing church.
4. We will fully cooperate in the educational activities of Sonshine Christian Academy Preschool by doing our best to make Christian education affective in the lives of our children.
5. We will require our children to support the spiritual activities of the preschool (Chapel, Bible classes, Scripture memory, etc.)
6. The preschool has full discretion in the discipline of our children in accordance with the "dress code policy" and the "discipline policy" as published.
7. The preschool reserves the right to place our children in the appropriate class and designate the appropriate teacher(s).
8. The school reserves the right to dismiss any student when either the parent/guardian or the student does not cooperate with the policies of the preschool.
9. We will volunteer for duties and responsibilities for Sonshine Christian Academy Preschool as opportunities arise and God provides the time and strength.
10. We will be faithful to attend all parent functions at Sonshine Christian Academy Preschool, as best we can.
11. If we become dissatisfied with Sonshine Christian Academy Preschool in any way we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matt. 18:15-17; 5:23-24).
12. We will seek to support and advance Sonshine Christian Academy Preschool in every area possible – spiritually, academically, physically, and financially.
13. School activities will have priority in our personal schedules. To the best of our ability, we will faithfully attend parent meetings, and other preschool activities. (this includes fundraisers)

A covenant is a binding agreement between two parties. It signifies a solemn oath and sincere pledge of mutual respect and cooperation. Sonshine Christian Academy Preschool covenants to provide the best it can for your children in the way of facilities, curriculum, faculty, social functions and instructions. We further pledge to do all possible to support your home in growing every child in the nurture and admonition of the Lord.

As the legal parents/guardians of our children, we covenant to support Sonshine Christian Academy Preschool in its efforts at Christian education. We agree that it is our responsibility to strive diligently toward the observance of the "Parent's Statement of Support" as God enables us by the power of the Holy Spirit. If support or resolution cannot be reached, we recognize it is our responsibility to leave and seek a preschool in alignment with our personal convictions. Together, as a preschool and as parents/guardians, we pledge to submit our lives to one another and to the final authority of the Word of God.

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**Father's/Guardian's Signature**

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**Date**

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**Mother's/Guardian's Signature**

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**Date**

**EDUCATIONAL INFORMATION**

Are you a  Returning Student (if so, proceed to "Personal Information")  
 New Student  
Last Preschool Attended: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Has child ever been  Suspended  Expelled?  
Referred to Administration for Discipline Reasons: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has this student ever been evaluated or referred for evaluation for difficulties with learning or discipline?  Yes  No  
Please give details or attach a copy of the evaluation: \_\_\_\_\_

**PERSONAL INFORMATION**

Student's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Date of Birth: \_\_/\_\_/\_\_ Age \_\_\_\_ Place of Birth: \_\_\_\_\_  
Sex: \_\_ Male \_\_ Female Social Security #: \_\_\_\_\_  
Referred By: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER/ STEPFATHER/GUARDIAN

(Please circle one)  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

MOTHER/ STEPMOTHER/GUARDIAN

(Please circle one)  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

If child does not live with both natural parents, please list the name, address and phone # of the other natural parent: \_\_\_\_\_  
Should this parent receive correspondence?  Yes  No (If court order issued, copy must be supplied)  
Siblings' Names and Ages: \_\_\_\_\_

**EMERGENCY INFORMATION**

List four people to contact if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



# PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

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Parents and legal guardians of minor children are asked to complete this form and return it to the preschool. The information requested is designed to assist the preschool in providing for the safety of minors during school-sponsored activities.

## **General Information (please print)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent's Work Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of the students of Sunshine Christian Academy Preschool, an affiliate of Crossroads Family Worship Center of Callahan, Florida, during the 2008 – 2009 school year, including any activities customarily associated with a preschool. Further, I certify that my child is physically fit and adequately trained to participate in such events except as noted below: \_\_\_\_\_

## **Medical Questionnaire:**

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Does your child have any allergies (including medications)? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Does your child ever sleep walk? Yes \_\_\_\_\_ No \_\_\_\_
- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain below. A written release must be submitted by your child's physician authorizing your child to participate in such activities. \_\_\_\_\_  
\_\_\_\_\_
- Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_ I understand that the school/church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the school 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.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or 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  
MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL



# Parent Volunteer Application

*Volunteers will not be compensated monetarily*

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home No: \_\_\_\_\_ Cell No: \_\_\_\_\_ SS No: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever been cited by D.F.C.S. or any other legal agencies regarding the care and supervision of children? If yes, explain on the back of this form.  Yes  No

### References:

1<sup>st</sup> Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Each parent is required to volunteer some time and energy to the school, realizing that educating your children is both the parent and the preschool's responsibility. Also, working together gives us a greater sense of oneness, as well as giving us another line of communication.

List past work or volunteer experience: \_\_\_\_\_

My interests and talents:

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Artwork             | <input type="checkbox"/> Light Repairs     | <input type="checkbox"/> Puppetry       | <input type="checkbox"/> Telephone   |
| <input type="checkbox"/> Baking              | <input type="checkbox"/> Lunchroom Helper  | <input type="checkbox"/> Room Mother    | <input type="checkbox"/> Tutoring    |
| <input type="checkbox"/> Cleaning            | <input type="checkbox"/> Organize Projects | <input type="checkbox"/> Sewing         | <input type="checkbox"/> Typing      |
| <input type="checkbox"/> Crafts              | <input type="checkbox"/> Painting          | <input type="checkbox"/> Singing        | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Play Instruments  | <input type="checkbox"/> Story Telling  | <input type="checkbox"/> Yard Work   |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Plumbing          | <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Yearbook    |

Other: \_\_\_\_\_

I prefer to work: \_\_\_\_\_ directly or \_\_\_\_\_ indirectly with children. Days/times available: \_\_\_\_\_

I certify that all the information provided in this application is true, correct and complete. Any misstatement or omission of facts on this application will result in rejections of the same. I herewith authorize the administration of Sonshine Christian Academy Preschool to contact all the above references. I agree to the submission of my information for background screening. I understand and agree that there will be no monetary remuneration for volunteer services. I also agree to abide by all rules and regulations of your school while I am volunteering here.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**BACKGROUND SCREENING IS REQUIRED FOR ALL VOLUNTEERS.  
PLEASE PICK UP FORMS IN FRONT OFFICE.**

# 2008-2009 Sonshine Christian Academy Preschool Wrap Around Tuition Acknowledgement

## FAMILY INFORMATION

Responsible Parent/Guardian Name(s): \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## VPK WRAP AROUND TUITION AND FEES

<b>Registration Fee</b> <i>Registration is nonrefundable &amp; not discounted</i>	\$150.00 per child
<b>Supply Fee</b> <i>Due the first day of school</i>	\$60.00 per child
<b>Insurance fee</b> <i>Due the first day of school</i>	\$15.00 per child
<b>Daily Fee For Wrap Around Care</b> (plus VPK allotment from the State) <i>Hours 7:00 a.m. – 6:00 p.m. Only billed when child stays in wrap around program, except \$50.00 minimum due.</i>	\$25.00 per child

## ADDITIONAL INFORMATION

- No charge for the scheduled Christmas Break ( 2 weeks) and the scheduled Spring Break (1 week)
- Lunch and snack are included in Wrap Around Care.
- ***Students that are not enrolled in the Wrap Around Care and are not picked up after dismissal will be placed in the wrap around program. If this happens the appropriate fees will be billed, therefore this acknowledgement must be signed.***

## TUITION ASSISTANCE

Sonshine Christian Academy Preschool does not offer any type of Tuition Assistance or Scholarships. We do accept Episcopal Children Services.

## STATEMENT OF PAYMENT TERMS

- All financial obligations are to be cleared with the school office before the end of each week. **All payments are due by Monday of the current week.**
- Students with overdue accounts will be withheld from attending wrap around.
- There are no discounts for preschool siblings.
- There is a charge of \$15.00 for any part of each quarter hour for students not picked up by 6:00 p.m..
- A minimum of \$50.00 is due each week for students enrolled in Wrap Around Care regardless of attendance.
- A **\$10.00** late fee will be billed to each account if the scheduled payment has not been received within three days of the due date.
- In addition, a service charge of **\$30.00** 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.**

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

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

\_\_\_\_\_  
 Other Person Responsible (Please Print)

\_\_\_\_\_  
 Father's/Guardian's signature

\_\_\_\_\_  
 Mother's/Guardian's signature

\_\_\_\_\_  
 Other Person Responsible signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date