

2008 - 2009
Sonshine Christian Academy
Community After-School Care



Standard Aftercare Hours: 2:15 – 6:00 pm
Ages 5 – 13 year olds

Registration Fee \$60.00 (non-refundable)
Aftercare Rate \$15.00 per day (for standard care hours)

Bus transportation provided from Callahan Elementary and Callahan Intermediate to our school.

It is the parent's responsibility to coordinate bus transportation with their child's school.

Daily Activities Include: Homework Assistance, Snack, Bible Story, and Outdoor Activities (weather permitting)

Weekly Activities Include: Karate, Art, Music, Dance, and Movie Event

45082 Frank Brookins Drive
P O Box 5026
Callahan, Florida 32011

PHONE (904) 879-1260
FAX (904) 879-2640

Accredited by Florida League of Christian Schools (FLOCS) and Association of Christian Teachers and Schools (ACTS).

www.sonshinechristian.com

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

Sonshine Christian Academy Aftercare is not staffed to offer after-school care for special needs children.
All students enrolled in Sonshine Christian Academy Aftercare program are enrolled on a trial basis.
After-care is limited to first come/first serve.

Sonshine Christian Academy Community After-school Care Fee Acknowledgement

FAMILY INFORMATION

Responsible Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

STUDENTS ENROLLED IN 2008-2009 COMMUNITY AFTER-SCHOOL CARE

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

FEE SCHEDULE

Standard Aftercare <i>Payment is due every Friday afternoon for the current week.</i>	\$15.00 per day
Additional Care on Early Release Days <i>Payment is due every Friday afternoon for the current week Please note these days must be signed up for in advance Payment for these days is due in advance and is non-refundable.</i>	\$20.00 per day
Additional Care on No School Days <i>Payment is due every Friday afternoon for the current week Please note these days must be signed up for in advance Payment for these days is due in advance and is non-refundable. Students must bring a sack lunch for these days; lunch will not be provided. Care may be cancelled, if a minimum number of students are not registered.</i>	\$30.00 per day
Spring Break <i>Students must bring a sack lunch for these days; lunch will not be provided. Care may be cancelled, if a minimum number of students are not registered.</i>	\$125.00 for entire week
New Years Week <i>No care is provided on New Years Day 1-1-09 Students must bring a sack lunch for these days; lunch will not be provided. Care may be cancelled, if a minimum number of students are not registered.</i>	\$100.00 for week

FEE ASSISTANCE

Sonshine Christian Academy does not provide any type of Tuition Assistance or Scholarships for Community After-Care.

Please note care is not available on the following days during the 2008-2009 school year:

September 1st; November 11th & 27th – 28th; December 22nd – 26th; January 1st & 19th; February 16th; May 25th

Aftercare space is limited to first come/first serve.

STATEMENT OF PAYMENT TERMS

- 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 aftercare.
- 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 Fee Acknowledgement, including the Fee schedule, do hereby acknowledge that I 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

STATEMENT OF LIABILITY

Sonshine Christian Academy

Print Student's Name: _____
Last
First
Middle

I indemnify and save Sonshine Christian Academy, its employees, and agents harmless from any liability or medical expense resulting from any sickness, accident, or injury while my child is participating in any activity on or off campus. When my child uses any of the Camp's facilities or participates in any activity, they do so at their own risk. I understand and agree that Sonshine Christian Academy is not responsible for my child's medical expenses and that Sonshine Christian Academy does not provide any accident or medical insurance to cover my child's medical expenses should they become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I further agree that should I take any legal action against Sonshine Christian Academy or it's employees or agents, I will reimburse them for attorney fees, court fees, damages or other costs they incur to defend themselves against such action if it is determined they are not found at fault.

I give permission for any photographs of my child to be used by Sonshine Christian Academy in advertising, brochures, websites or other publications.

I do hereby agree to hold Crossroads Family Worship Center and Sonshine Christian Academy, 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 Family Worship Center and Sonshine Christian Academy, 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 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 the child's behavior at home and influencing his/her conduct at Sonshine Christian Academy. Parents should make sure that the student arrives on time. Appropriate rules of conduct will be applied to all students at SCA. Students are expected to comply with all rules in a respectful manner.

1. 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.
2. I will support SCA's enforcement of rules of conduct as the school administration deems necessary.

I further agree that while every reasonable precaution will be taken to insure the safety and well being of my child, I will in no way hold Sonshine Christian Academy or Crossroads Family Worship Center responsible for any accidents affecting my child. In no way will Crossroads Family Worship Center or the camp be held liable for damage.

Signature of Parent or Legal 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

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Copyright 1998 Church Law and Tax Report

Parents and legal guardians of minor children are asked to complete this form and return it to the school. The information requested is designed to assist the school 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, an affiliate of Crossroads Family Worship Center of Callahan, Florida, during the 2008-2009 School Year Aftercare, including field trips, sporting events, and any other activities customarily associated with a Aftercare. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, 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. Your child's physician authorizing your child to participate in such activities must submit a written release. _____

- 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 camp/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

2008- 2009 Community Aftercare
Pick – Up Authorization

Student's Name: _____ Grade: _____

Natural Father's Name: _____ Allowed to pick child up: Yes No

Natural Mother's Name: _____ Allowed to pick child up: Yes No

Custodial Parent/Guardian Name(s): _____ Allowed to pick child up: Yes No

Is there a court order on file with the school office Yes No

List other individuals who are authorized to pick up child: (print)

Authorized Name (not nick name)

Contact Phone Number(s)

Parent/Legal Guardian Signature

Date

****Changes to this list must be made in the school office; proper identification must be shown.****

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: _____

Name of school in which student presently attends: _____

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: _____

EMERGENCY INFORMATION

List two people to contact if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

While no additional charge is required for the After-School Karate, the ministry offering this service requires this form be complete.

Tae-kwon-do will be offered on Tuesday and Thursday, during the aftercare program.

Please note this is a bi-weekly commitment for your child,

Policies:

1. The same behavior that is expected at school is expected during practices. Please review the school handbook for details.
2. Any student who repeatedly misbehaves or commits offenses will sit out for a period of time.
3. No dues or other fees are being charged; however, if your child reaches a point where they are ready for testing it may be arranged with the instructor for an additional fee.

YESHA MINISTRIES REGISTRATION FORM

Date of Registration _____ School Location _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School/Work Phone _____

Do you have martial arts experience? Yes No

Why do you want to learn Tae Kwon Do? _____

In case of emergency, please contact: _____

I, _____, hereby make application for training in Yesha' Ministries, Inc. Upon acceptance, I sincerely pledge to obey all Ministry and Tae Kwon Do rules and regulations which are set up for the purpose of keeping order and for the protection of the pupils from injury. I recognize that a risk of injury is involved in the martial arts that require my adherence to these rules and instructor's discipline.

In consideration of being permitted to participate in the Yesha' Ministries, Inc. activities, including but not limited to training, sparing, breaking or participation in anyway, the undersigned, for himself/herself, any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue Yesha' Ministries, Inc., its directors, officers, employees, agents, members, instructors and authorized guest instructor(s) (hereinafter referred to as the "Releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss, damage, and any claim or demands therefore on account of injury to the person or property or resulting in injury or death of the undersigned, **whether caused by the negligence of the Releasees or otherwise** while the undersigned is participating in Yesha' Ministries, Inc. activities or practicing Tae Kwon Do and all elements involved in martial arts;
2. The undersigned hereby agrees to indemnify and save and hold harmless the Releasees from any loss, liability, damage or costs they may incur due to the undersigned participation in the study and training of Tae Kwon Do whether caused by the negligence of the Releasees or otherwise against all liability claims, judgments or demands from damages arising from accidents or injuries of the undersigned;
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while participating in the study and practice of Tae Kwon Do;
4. The undersigned also releases the non-profit organization whose facilities are used from all liability claims, judgments or demands from damages arising from accidents or injuries of the undersigned whether caused by the negligence of the facility owner/operator or otherwise while the undersigned is in, upon, or about the premises or any facilities therein where Yesha' Ministries, Inc. activities are ongoing; and
5. The undersigned may accept membership in the USA Tae Kwon Do Association which provides insurance coverage for all sanctioned USA Tae Kwon Do activities, such as tournaments and training. I reject I accept

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT is intended to be as broad and as inclusive as permitted by the laws of the State of Florida and if that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force in effect. The undersigned has read and voluntarily signs this release and waiver of liability agreement and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Applicant Signature Date

Parent/Guardian Signature Date

Instructor Signature Date

Chief Instructor Signature Date