

SUNCOAST CHRISTIAN ACADEMY  
5561 Hypoluxo Road - Lake Worth, FL 33463  
Ph: 561-641-1446 Fax: 561-433-1226 Email: SCA@suncoast.cc

# Suncoast Christian Academy

## Registration Packet

### School Year 2010-2011

The forms in this packet are filed in several different locations. Please fill out each form in its entirety.



Established 1997

Please complete each form  
as thoroughly as possible  
and return to the school.

**THANK YOU AND MAY GOD BLESS YOU**





## Student Pick-up and Release Form

School Year 2010-2011

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

To: Suncoast Christian Academy

I, \_\_\_\_\_, authorize Suncoast Christian Academy to release my child to any of the individuals listed below. I understand that my child will not be released to any person who is not on this list unless **written** notification has been given to the school office and the classroom teacher.

Persons permitted to pick up child

Legal Custody

Mother  Yes  No

Yes  No

Father  Yes  No

Yes  No

Guardian  Yes  No

Yes  No

Other  Yes  No

Yes  No

Name	Relationship	Phone #	Cell #
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL AUTHORIZATION**  
School Year 2010-2011

TO WHOM IT MAY CONCERN:

I, the undersigned parent and/or guardian of my minor child, \_\_\_\_\_  
in anticipation of the possibility of need for emergency medical care of said child hereby appoint the  
Administration of the Suncoast Christian Academy to authorize medical care reasonably necessary to  
preserve the life and health of my minor child upon the following conditions:

1. That a reasonable attempt to locate me is unsuccessful.
2. That health care providers believe it is in the child's best interest to provide emergency health care to preserve the life and health of my minor child.
3. That there remains insufficient time within which to obtain verbal consent of the undersigned to propose medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

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

SWORN TO; and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
**Notary Public, State of Florida**

Personally known \_\_\_\_\_, or  
Type of Identification Produced

\_\_\_\_\_  
Print, Type or Stamp Commissioned  
Name of Notary Public

**PARENT PLEDGE OF ACCEPTANCE**

School Year 2010-2011

We, who have the responsibility to "train up a child in the way he should go," recognize that the standards for this training are set forth in God's Word, the Holy Bible. Knowing also that this training comes both by what children hear and what they see, we pledge to avoid any obvious contradictions in our home by upholding, and never teaching against the lessons in godly morality taught at Suncoast Christian Academy. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the education process.

Initial \_\_\_\_\_

We are satisfied with the philosophy of the school, statement of faith, curriculum, texts, equipment, methods of discipline, the financial policy, tuition schedule, and do pledge to make Suncoast Christian Academy our glad-hearted choice for our child. It is our responsibility to make tuition, fees, and other payments on time in accordance with my/our agreement with the school.

Initial \_\_\_\_\_

We hereby invest authority in the school to discipline our child. We further agree that we will cooperate and discipline our child in the home as needed (Proverbs 13:24; 19:18; 22:6; 23:13-14; Colossians 3:20; Hebrews 12:6). The administration has full responsibility for placing our (my) child in the proper grade.

Initial \_\_\_\_\_

We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.).

Initial \_\_\_\_\_

We hereby authorize the school staff to take **whatever emergency medical measures deemed necessary** for the protection and well being of my child while in their care, including but not limited to; first aid/CPR, calling a physician, implementing his instructions and/or transporting my child to a hospital or clinic without first obtaining my permission.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

Suncoast Christian Academy, Inc. located at 5561 Hypoluxo Road, Lake Worth, Fl.33463 admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

**FEES AND TUITION OPTIONS**

School Year 2010-2011

**Registration Fee - \$110.00 (Fee is non-refundable)**

**3 Year Old**

Annual tuition is \$6000.00 for a full day program

Option A: I choose to pay tuition annually in one installment due on Aug 1<sup>st</sup>.

Option B: I choose to pay tuition semi annually in two installments due on Aug. 1<sup>st</sup> & Jan.1<sup>st</sup>

Option C: I choose to pay tuition in ten installments due each month commencing Aug. 1<sup>st</sup>.

**Full Time VPK**

F/T – Certificate + \$3200 payable in 10 equal payments - full school day program 8:00am – 3:00pm

Option A: I choose to pay tuition annually in one installment due on Aug. 1<sup>st</sup>.

Option B: I choose to pay tuition semi annually in two installments due on Aug. 1<sup>st</sup> & Jan.1<sup>st</sup>

Option C: I choose to pay tuition in ten installments due each month commencing Aug. 1<sup>st</sup>.

**Kindergarten – 5<sup>th</sup> Grade**

Annual tuition is \$4800.00 for 1<sup>st</sup> child.

Option A: I choose to pay tuition annually in one installment due on Aug 1<sup>st</sup>.

Option B: I choose to pay tuition semi annually in two installments due on Aug. 1<sup>st</sup> & Jan.1<sup>st</sup>

Option C: I choose to pay tuition in ten installments due each month commencing Aug. 1<sup>st</sup>.

**DOWN PAYMENT:**

A \$ 100.00 non-refundable payment is due at registration to secure placement. This will be applied to your August tuition. A 10-month payment plan begins August 1, 2010 and ends May 1, 2011.

**\*\*\* January 1<sup>st</sup> tuition is due January 1<sup>st</sup> and should be mailed as the office is closed for winter break.**

**Late Fees: A \$25.00 late fee will be incurred for any tuition payment not received by the 5<sup>th</sup> of the month.**

**Before/Aftercare options are available as follows:**

\$ \_\_\_\_\_ **Before Care Only-** \$ 40.00 (Hours: 6:30am – 7:30am)

\$ \_\_\_\_\_ **5 pm Option:** Before/Aftercare \$ 125.00 per month (Hours: 6:30am-7:30am & 3-5 pm)

\$ \_\_\_\_\_ **6 pm Option:** Before/Aftercare \$ 145.00 per month (Hours: 6:30am-7:30am & 3-6 pm)

**Please check one:**

I will be using the Before/Aftercare Program for my child/children.

I will not be using the Before/Aftercare Program for my child/children.

Financially responsible Party? \_\_\_\_\_

Social Security Number of responsible party \_\_\_\_\_

Driver's License Number of responsible party \_\_\_\_\_

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

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**GRANDPARENT INFORMATION**  
School Year 2010-2011

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

**Mother's Parents**

Grandfather's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Grandmother's Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Father's Parents**

Grandfather's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Grandmother's Name \_\_\_\_\_

Address \_\_\_\_\_

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

We love to honor our students' grandparents by celebrating "Grandparent's Day!"  
This special event is hosted by our own "Suncoast Kids!"

**FIELD TRIP PERMISSION FORM**  
School Year 2010-2011

I give my child, \_\_\_\_\_ permission to attend all FIELD TRIPS planned by Suncoast Christian Academy, Inc. during the school year. Suncoast Christian Academy, Inc. will take every reasonable precaution to keep your child safe; however; Suncoast Christian Academy does not assume legal responsibility for circumstances beyond its control.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**Parental Consent for Release of Student Photograph and Media Information**

I hereby give permission for the Suncoast Christian Academy (SCA) to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, diplomas and awards received, in annual yearbooks, newspapers, graduation programs, playbills, school productions, web sites, etc and/or similar school publications or in school approved news media interviews, articles and photographs. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations, including a school yearbook.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

## P.T.S.O. CONTACT PERMISSION

The mission of the Parent Teacher Support Organization is to support the instructional program through development of team spirit among parents, teachers, students, school staff and the corporate community, encouraging pride and enthusiasm, and providing financial assistance. The Parent Teacher Support Organization was formed by mutual consent of Suncoast Christian Academy's administrative heads, concerned parents, students and friends of the school.

I/We \_\_\_\_\_, \_\_\_\_\_,  
Print Your Name Date  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_,  
Print Your Name Date  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

give permission to Suncoast Christian Academy to provide my phone number, address and email address to the P.T.S.O. for the sole purpose of contacting me regarding events or information related to the school. I understand that my phone number, address and email address will not be given or sold to any other entity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

## Suncoast Christian Academy Hold Harmless Agreement

I, (print name) \_\_\_\_\_, am a Parent of a student enrolled at Suncoast Christian Academy ("SCA"), a National Christian School Association member, located at 5561 Hypoluxo Rd. Lake Worth Fl. 33463.

I/my child, am/will be, participating in all SCA programs that will involve on site instruction and car travel. My participation in this program is voluntary.

I have been informed, and I know that 1) some programs can result in damage to property, injury to persons, and death; and 2) car/bus travel involves risks which can result in damage to property, injury to persons, and death; and 3) SCA assumes no liability for damage, injury, or death occurring during programs or travel. With this knowledge and information, I agree to participate in the program, and the travel, at my own risk.

I release and hold harmless SCA, Suncoast church of Christ, the officers, administrators, employees and volunteers affiliated with the programs and the travel, and each and every officer, employee, and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my/my child being a participant in programs or a passenger in a car pursuant to my participating in any SCA program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

\_\_\_\_\_

Parent/Guardian Signature(s)

\_\_\_\_\_

Driver's License #

Driver's License #

\_\_\_\_\_

Date

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Street Address

Notary Signature

Seal

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Notary Date

**ALTERNATE NUTRITION PLAN AGREEMENT**  
School Year 2010-2011

**For Three & Four Year old Students ONLY**

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

Indicate Special Dietary Requirements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to PROVIDE the following meals and/or snacks to meet my child's nutritional and dietary needs.

Please check the meals you will provide:

\_\_\_ Breakfast \_\_\_ A.M. Snack \_\_\_ Noon Meal

\_\_\_ P.M. Snack \_\_\_ Dinner \_\_\_ Evening Snack

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Owner/Operator Signature Date \_\_\_\_\_

HRS/PSCPHU 1/91 (adapted)

**For Parents of Pre-kindergarten children only:**

**I have received and read a copy of "Know Your Child Care Center"  
(CF/PI 175-24, 7/97)**

\_\_\_\_\_  
Parent/Guardian Signature / \_\_\_\_\_ Date \_\_\_\_\_