

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 2011-2012

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

ENROLLMENT FORM

School Year 2011-2012

Student's Name _____ SSN _____
Last First Middle

Birth Date _____ Present Age ____ Sex ____ Grades Repeated _____

Race/Ethnicity: ____ American Indian or Alaskan Native ____ Asian ____ Black or African American
____ Hispanic or Latino Native Hawaiian or Pacific Islander ____ White

Does Student have an I.E.P. on file in any School District? _____ If so, where? _____

Name(s) of previous schools attended _____

Church Home _____

HEALTH INFORMATION

Family Physician _____ Phone No _____

Address _____

Preferred Hospital _____

Medical Insurance Co _____ Plan/Group# _____

Allergies? _____

Is your child on any kind of medication? ____ Describe _____

Are there any medical or physical conditions or limitations the school must be aware of?

Student has difficulty in () Speech () Vision () Hearing () Other () None

If "Other" is marked, please explain _____

List any unusual home conditions which have affected your child, (family deaths, divorce, frequent moving, etc.) _____

Special instructions regarding eating habits, toileting or any areas of concern _____

FAMILY INFORMATION

School Year 2011-2012

Student's Name _____
Last First Middle Birth Date

Child lives with () Both Parents () Mother Only () Father Only
() Mother & Step Father () Father & Step Mother
() Guardian () Grandparents

Parents are: ___ Together ___ Separated ___ Divorced ___ Mother Deceased ___ Father Deceased

Divorced: Who has legal custody? _____

Important, everyone must answer this question.

Is there a visitation order or other Florida court order barring either parent from removing the student during the school day or coming into contact with the student? Yes No **If Yes, provide school with a copy of the Florida court order.**

Parents **DO NOT** have shared parental responsibility. **If checked provide school with copy of court order.**

Mother's Name _____ **Father's Name** _____

Title () Mrs. () Ms. () Miss () Dr. Title () Mr. () Dr.

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Email address _____ @ _____ Email address _____ @ _____

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone# _____

Mother's Employer _____ **Father's Employer** _____

Address _____ Address _____

Phone _____ Phone _____

Best Number to call for "Phone Tree" messages

Additional Children in Family

Name _____ Age/Grade _____ Date of Birth _____

Name _____ Age/Grade _____ Date of Birth _____

Name _____ Age/Grade _____ Date of Birth _____

Name _____ Age/Grade _____ Date of Birth _____

Student Pick-up and Release Form

School Year 2011-2012

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. _____

Address: _____

2. _____

Address: _____

3. _____

Address: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

School Year 2011-2012

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 2011-2012

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.

Parent/Guardian Signature Date _____

Parent/Guardian Signature Date _____

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 2011-2012

Registration Fee - \$115.00 (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 1st.

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

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

Full Time VPK

F/T – Certificate + \$3500 payable in 10 equal payments – for a full day program

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

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

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

Kindergarten – 5th Grade

Annual tuition is \$4900.00 for 1st child.

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

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

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

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, 2011 and ends May 1, 2012.

***** January 1st tuition is due January 1st 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 5th of the month.

Before/Aftercare options are available as follows:

\$ _____ **Before Care Only-** \$ 50.00 (Hours: 6:30am – 7:30am)

\$ _____ **5 pm Option:** Before/Aftercare \$ 130.00 per month (Hours: 6:30am-7:30am & 3-5 pm)

\$ _____ **6 pm Option:** Before/Aftercare \$ 150.00 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 2011-2012

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 2011-2012

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 _____

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 2011-2012

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 _____