Registration date _____ Start date _____

VOLUNTARY PRE–K PROGRAM 2021-2022

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 _____

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

_____

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**_____

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 the following individuals to drop off and pick up my child from SCA. **Initial** _____

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Child's Name: _____ **DOB:** ____/____/____ **Gender: M / F**

AUTHORIZATIONS (continued)

☐ I authorize my child's photo and/or video graphic image to be used in SCA's marketing or promotional plans. **Initial** _____

☐ I authorize SCA personnel to have access to my child's records. **Initial** _____

REQUEST FOR REGISTRATION

I hereby verify that all the information provided 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 from SCA.

Parent signature _____ Date _____

We heard about SCA through □ **friend** □ **advertising** □ **website** □ **drive by** □ **other** _____

ADDITIONAL PALM BEACH COUNTY REGULATIONS

1. 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.**
2. Article IV, C, 5, PBC Rule requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I have received in writing the **DISCIPINARY PRACTICES AND POLICY** used by this childcare facility.
3. Article XIII, B, 1, PBC Rule requires the parents 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 parents
4. I have received a copy of **DISTRACTED ADULT CAR SAFETY** flyer by this childcare facility.
5. I have received a copy of the **INFLUENZA VIRUS, THE FLU, A GUIDE TO PARENTS** brochure.
6. Article XII, B, PBC Rule requires the parent and the center complete an **ALTERNATE NUTRITIAN 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 the use of the Alternate Nutrition Program. 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 ☐ A.M. Snack ☐ Noon Meal ☐ P.M. Snack ☐ Dinner ☐ Evening Snack ☐ Formula

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

_____ Date: _____
Signature of Parent or Guardian

_____ Date: _____
Signature of Owner/Operator