

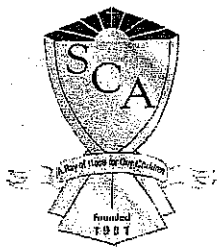
# SONSHINE CHRISTIAN ACADEMY ENROLLMENT APPLICATION

PreK 2020-2021 School Year

Please complete ALL documents pertaining to this packet, and  
contact SCA Office Staff with any questions at: (614) 291-6840 OR

e-mail us at: [info@scaoh.us](mailto:info@scaoh.us).

Visit us on our website at: [WWW.SCAOH.US](http://WWW.SCAOH.US)



# SONSHINE CHRISTIAN ACADEMY

2177 Mock Rd. Columbus, OH 43219 · (614) 291-6840 · www.scaoh.us · info@scaoh.us  
Deborah A. Jackson, Founder · Dr. Davina Jackson Hicks, Principal · Carol Parron, Vice Principal

Dear Parents/Guardians,

Thank you for your interest in Sonshine Christian Academy. Sonshine (SCA) continues to offer Central Ohio scholars an outstanding Pre-K through 8<sup>th</sup> grade educational program. We trust that the information listed below will provide you with a clear overview of our enrollment process. We welcome you to ask questions, as we are more than happy to assist.

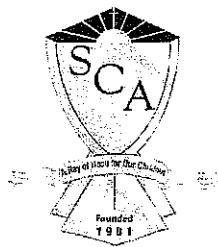
New Enrollees:

1. **Application**—you are required to complete all forms as promptly as possible to ensure your child's placement as class rosters are filled on a first-come, first-served basis. You will be required to pay a **\$75 non-refundable and non-transferrable Registration fee per household** at the time of Application submission of your application. Please make sure you have provided the SCA Main Office with all the paperwork listed in the attached New Student Enrollment Checklist.
2. **Admissions Interview**—Once your completed Enrollment Packet has been received by the SCA Main Office and reviewed by the Principal, you will be contacted to schedule an Admissions Interview which will require student assessment testing at the time of the interview. Both parents (if possible) must attend the interview. Following the review of your application, you will be notified of the Principal's enrollment decision.
3. **Parent/Student Orientation**—Following receipt of your Enrollment Fee, all families will be required to attend a mandatory Parent/Guardian and Student Orientation. You will be informed of the Orientation prior to the start of the school year.

We thank you for your interest in our program and look forward to meeting you. If you have any questions, please call the SCA office at (614) 291-6840.

Sincerely,

SCA Administrative Staff



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## New Student Enrollment Packet Checklist (Pre-K)

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please check to be sure that ALL of the following REQUIRED documents and fees are submitted to the SCA Administrative Offices prior to the beginning of school. Any missing fees and/or documentation will delay the processing time of your child's application.

### Required Documents and Records:

- Copy of student Birth Certificate
- Copy of student Social Security Card
- Current Immunization Record
- Dental Record (To be completed by child's Dentist)

### Required Applications, Contracts, and Forms:

- Enrollment Application
- Emergency Contact Information and Transportation Release Form
- Tuition and Fees Contract (signatures needed)
- Credit Card Pre-Authorization Form
- Early Childhood Education Eligibility Form (if applicable) along with the following:
  - Proof of Address (Utility Bill or Notarized Statement)
  - Income Verification Application
  - Proof of Income (4 current pay stubs or W-2's, food stamps, child support, Social Sec)
- USDA (Free/Reduced Breakfast and Lunch) Application
- Student Medical Records Form (to be completed by Parent/Guardian)
- Pre-Kindergarten and Kindergarten Students ONLY: Current Medical Exam Record (Form included to be completed by a Health Care Provider)
- Pre-Kindergarten Roster Distribution List Authorization Form (PreK ONLY)
- After School Program Contract (signatures needed)—Title XX is Accepted

### Additional Information & Next-Steps for Enrollment:

- Admissions Interview/Testing (Schedule a Meeting with SCA Administration for Interview)
- Parent/Teacher Orientation (Request date, time, and location from SCA Office Staff)
- School Attendance (Ohio Truancy Law—informational packet is available for your review)
- \$75 Non-Refundable Application Fee per household**



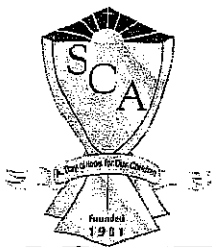
# 2020-2021 SCA ENROLLMENT APPLICATION

Application Submission Date: \_\_\_\_\_

A non-refundable Registration Fee of \$75 per household is due at the time of submission. Fee is due at the time of Submission and if your student is an EdChoice Scholarship recipient, the renewal form must accompany this Application form.

Check next to the grade your child *will be* entering: PreK-3 PreK-4 Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

General Student Information				
Last Name		First Name		Middle initial
Street Address		City	State	Zip Code
Home Phone #1	Home Phone #2	Student Birthdate	Student's Social Security Number	
Is the student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, what is the student's country of citizenship?)				
If not a U.S. Citizen, does the student intend to become one? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please leave blank if student is currently a U.S. Citizen)				
Student Resides with: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (If other, please state name and relationship):				
Race/Ethnicity (optional information): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> Other				
Parent/Guardian Information				
Parent/Guardian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single				
Fathers Last Name		Fathers First Name		Fathers Cell Phone
Fathers E-mail Address		Fathers Employer		Fathers Business Phone
Mothers Last Name		Mothers First Name		Mother Cell Phone
Mother E-mail Address		Mother Employer		Mother Business Phone
Guardians Last Name		Guardians First Name		Guardians Cell Phone
Guardians E-mail Address		Guardians Employer		Guardians Business Phone
Is either parent or guardian SCA Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, indicate responses below): <input type="checkbox"/> Father, SCA Graduating Class of _____ <input type="checkbox"/> Mother, SCA Graduating Class of _____ <input type="checkbox"/> Guardian, SCA Graduating Class of _____				



# 2020-2021 SCA ENROLLMENT APPLICATION

<b>Sibling Information (If applicable, please list names and ages of siblings below)</b>			
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for other siblings at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain):			
<b>Student Educational Background</b>			
Name of Last School or Daycare Attended		School Phone Number	Grade/Year(s) Attended
1.			
Name of All Previous Schools and/or Daycares Attended		School Phone Number	Grade/Year(s) Attended
2.			
3.			
Has the student ever attended Sonshine Christian Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate years/grades attended):			
Has the student ever repeated any grade(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate grades repeated):			
Has the student experienced disciplinary difficulty resulting in suspension, probation, or expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain):			
Has the student exhibited any developmental challenges which may affect his/her activities or academic progress that should be known by his/her teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain):			
<b>Family Church Affiliation</b>			
Name of Current Church Attending		Faith Affiliation: <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other:	Pastor's Name:
Church Address		City	State
Church Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Seldom		Please list any church responsibilities your child holds at church:	

Before signing this document, verify that the content you are signing is correct:

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

\_\_\_\_\_  
Date

# 2020-2021 SONSHINE CHRISTIAN ACADEMY EMERGENCY CONTACT INFORMATION & TRANSPORTATION RELEASE FORM

To better ensure the safety of our students, we need to document the names of persons to contact if you cannot be reached in cases of emergency and persons to whom your child may be released for transportation or other reasons. We must know who you rely on (relatives and friends) to help transport your child to and from school in order to effectively identify them upon their arrival to the building. You should notify the school if someone other than yourself will be transporting your child. The office staff will then verify that individual after obtaining a copy of their Photo ID.

## EMERGENCY CONTACT INFORMATION

Please list a Minimum of 3, a maximum of 5, names and phone numbers for the SCA Office Staff to use if parent/guardian may not be reached in cases of an emergency:

	Printed Emergency Contact First and Last name	Relationship to Student	Cell Phone	Work Phone
1				
2				
3				
4				
5				

## TRANSPORTATION RELEASE

Please list a Minimum of 3, a maximum of 5, names and contact information of people you have permitted to pick-up or drop-off the student for transportation reasons:

	Printed First and Last name of Permitted Adult	Relationship to Student	Driver's License or State ID Number	Current Address
1				
2				
3				
4				
5				

By signing this form, you agree for Sonshine Christian Academy to contact the individuals listed under the Emergency portion of this document for the expressed purpose of contacting the student's family in the event you are unavailable. Additionally, by signing this form, you authorize written consent for your child to be released upon your inability to provide transportation for your child. Your signature below signifies your understanding that each of that above-mentioned persons listed under the Transportation Release portion will need to provide a copy of their Photo Identification (Drivers License or State ID) before the school may release child to authorized adult.

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

\_\_\_\_\_  
Date





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## Credit/Debit Card Pre-Authorization Form

Please NOTE: All payments are due by the 15<sup>th</sup> of each month.

I, \_\_\_\_\_ (Print Name), give Sonshine Christian Academy permission to charge my Credit/Debit card for the amount of charges incurred throughout the 2019-2020 school year upon my verbal consent. I understand that balances incurred are due on or before the 15<sup>th</sup> of each month.

Card Holder Name (as it appears on Card)	
Card Number	Card Expiration Date (MM/YY)
3 Digit Security Code from the back of the card	
Billing Address of Card Holder	Billing City, State, Zip

The following are item categories that may be incurred on my monthly statement, of which you may pay with the use of your Credit/Debit Card information that we will keep on file for the duration of the school year:

Registration Fee	Private Pay Tuition	EdChoice Co-Payments	Title XX Co-Payments
Breakfast/Lunch Meals	After School Program Payments	Basketball Fees	Cheerleading Fees
Dress Down Day Fundraiser	Return Check NSF Processing Fee	SCA T-shirt/Hoodie Orders	Other: orders, field trip amounts, etc...

By signing below, I authorize Sonshine Christian Academy to use my Credit/Debit Card information to apply payment toward my child's school fees:

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

\_\_\_\_\_  
 Date



Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ( )	Additional Phone Number ( )	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

### Tell us about your finances

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No

How Much?

Signature of Applicant

Date

## 2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [SCHOOL HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [PHONE NUMBER].**  
 Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other income (include frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
 An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:  
 Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander



# SONSHINE CHRISTIAN ACADEMY

## MEDICAL RECORDS FORM

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Please meet with the school nurse if the student has health needs.			
Check yes or no, if yes—please complete the section related to the response.			
<b>TB</b>	Was the student born OUTSIDE of the US? If Yes, in what country? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has the student been in the US for ≥5 years? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has the student traveled outside of the US for ≥ 60 consecutive days? If yes, to what country? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Development</b>	Any health problems during pregnancy or birth of this child? Birth weight? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Was the child born premature (early)? How many weeks? _____ Newborn health problems: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child have development delays? Current problems with: <input type="checkbox"/> Sitting Up <input type="checkbox"/> Walking <input type="checkbox"/> Toilet training <input type="checkbox"/> Speaking <input type="checkbox"/> Other Problems or concerns: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Allergies</b>	Medicine Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Food Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Bee/Wasp Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Other Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Will this child need an <b>EPI-PEN</b> or other allergy medicine at school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Health Conditions</b>	Check ALL that apply to this child: <input type="checkbox"/> Asthma <input type="checkbox"/> Behavior Concerns <input type="checkbox"/> Hearing Problems: _____ <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Seizures or epilepsy <input type="checkbox"/> Tubes in ears <input type="checkbox"/> Hearing device <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problems <input type="checkbox"/> Vision Problems: _____ <input type="checkbox"/> Headaches <input type="checkbox"/> Sickle Cell: <input type="checkbox"/> disease / <input type="checkbox"/> trait <input type="checkbox"/> Learning difficulties, describe: _____ <input type="checkbox"/> Mental health concerns, depression, anxiety: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Meds</b>	Does this child take medications at home every day? (Please list the medications at the bottom of the form)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Will this child need medications at school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Health History</b>	Has this child ever had Chickenpox? <input type="checkbox"/> YES—Date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has this child ever had surgery? Explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has this child been to the hospital or gone unconscious after a head injury or concussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child need a special diet? If yes, what kind? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child use glasses, hearing aids, walker, leg braces, wheelchair, catheter, feeding tube, or other adaptive devices? (Please circle which ones)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Please add details from above: Medications, other concerns about the child's health, development, behavior, family, or home life here:</b>   			

Completed by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

<b>Exceptions to Immunization requirements pursuant to 5104.014 ORC</b> (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).  <div style="height: 150px;"></div>			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
<b>Optional Recommended Assessments/Screenings</b>			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			

# Sonshine Christian Academy

## Preschool New Student Dental Record Form

### DENTAL RECORD (TO BE COMPLETED BY THE CHILD'S DENTIST)

*Please note that this form MUST be completed and submitted to SCA Office before your student can start. All children entering school are REQUIRED to have medical and dental examinations. This information is confidential and becomes a part of the student's cumulative record.*

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Child was examined by \_\_\_\_\_ on \_\_\_\_\_  
(Dentist Name) (Date)

The following services have been performed: (Please Check All That Apply.)

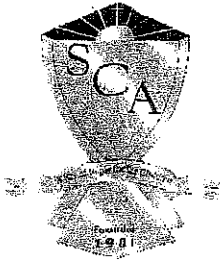
- Radiographs
- Oral Prophylaxis
- Fluoride Treatment
- Restorations

The following statements are applicable: (Please Check All That Apply.)

- All necessary services have been performed
- No restorative services are required at this time
- The child is in treatment and future appointments have been arranged

SIGNATURE OF DENTAL CARE PROVIDER: \_\_\_\_\_ DATE \_\_\_\_\_

PROVIDER PRINTED NAME OR STAMP: \_\_\_\_\_ PHONE \_\_\_\_\_



# Sonshine Christian Academy

## Preschool Roster Distribution List Authorization Form

Dear Pre-School Parents/Guardians:

We are required by state law to provide a roster of all pre-school children which includes names and phone numbers of parents. This roster will be made available to other SCA pre-school parents upon request. Although this roster information is required by state law, you do have the option to have your information excluded from the SCA Pre-School Roster Distribution List. Please advise us of your decision below.

**Please include** my information on the SCA Pre-School Roster Distribution List to be shared with other pre-school parents upon their request.

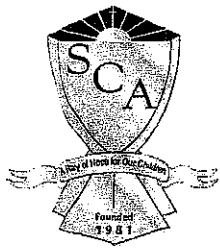
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Please do not include** my information on the SCA Pre-School Roster Distribution List to be shared with other pre-school parents upon their request.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



# SONSHINE CHRISTIAN ACADEMY

## AFTER SCHOOL PROGRAM CONTRACT

All enrolled students at Sonshine Christian Academy will be automatically enrolled in our full-serviced After School Program for Pre-K through 8<sup>th</sup> grades in the event you are unable to pick-up your child by 3:00PM. **Title XX is accepted** for this After School program. If your child is left at the school without written consent to leave with an Authorized Family representative, your child's attendance will automatically be counted and After School Program fees will incur, whether your child participates in an athletic extracurricular activity or not. Please be mindful of the following:

The cost of our After School Program is \$11.20 per day (Title XX Accepted). SCA Middle School girls and boys are encouraged to play in the Basketball leagues where additional fees are required; likewise, girls, ages 5-14 are welcomed to cheer for additional participation dues (ask SCA office staff for more details). Our After School program includes academically focused enriched activities with the following times and room assignments:

Scheduled Time	Activity	Room Assignment
2:55-3:00 PM	After School Attendance Conducted	School Multipurpose Room (Cafeteria/Gym)
3:01-3:20 PM	Snack/Food Distribution	School Multipurpose Room (Cafeteria/Gym)
3:21-4:45 PM	Tutoring & Homework (4 <sup>th</sup> - 8 <sup>th</sup> grades)	Room 1
3:21-4:45 PM	Tutoring & Homework (Pre-Kindergarteners and Kindergarteners)	Room 6
3:21-4:45 PM	Tutoring & Homework (1 <sup>st</sup> - 3 <sup>rd</sup> grades)	Library/Computer Room
4:46-5:55 PM	Arts & Crafts Activity (Pre-K - 8 <sup>th</sup> Grade)	Room 10
4:46-5:55 PM	Athletics: Girls and Boys Basketball Practices	School Multipurpose Room (Cafeteria/Gym)
4:46-5:55 PM	Athletics: Girls Cheerleading Practices	Room 4
5:55-6:00 PM	Preparing for Dismissal & Parent/Guardian Pick-Up	School Multipurpose Room (Cafeteria/Gym)

### SCA After School Program Contract

**AFTER SCHOOL PROGRAM PAYMENT METHOD:** Please indicate how you plan to pay for your student's \$11.20 per day fee in advance, by selecting from one of our payment methods listed below:

Private Pay       Title XX

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

\_\_\_\_\_  
Date

Sonshine Christian Academy does not discriminate based upon sex, race, color, national origin, religion, age disability, sexual orientation, gender identity, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all programs and activities.