



**Student Information**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Does the child attend church? \_\_\_\_\_ Church Name \_\_\_\_\_

**Family Information** Child lives with \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_ Email address: \_\_\_\_\_  
Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Sibling Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

I give my permission for my child to participate in food related activities, including food preparation, and birthday and school celebrations; and have listed any known allergies below.

**Medical Information**

I give SA permission to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or emergency care plan instructions.

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**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

If these individuals are not available, SA will do whatever is necessary to provide medical treatment.

Anything else you would like us to know about your child:

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**Parent Handbook Acknowledgement/Photo & Video Release Forms**

My signature below indicated that I have received a copy of the Parent/Student Handbook for Sunshine Academy. I understand that it is my obligation to read its content and to abide by its policies. I also understand that this handbook is intended to provide an overview of SA's policies and that at any time, SA may add, change, or rescind any policy or practice at its sole discretion, without notice. I acknowledge that I have been notified of SA's food and nutrition policies and disciplinary/expulsion policies in this handbook. I grant permission for SA's staff to have access to my child's records and to apply the diaper cream, insect repellent, or sunscreen that I provide for my child. I have received a copy of the "Know Your Child Care Facility", the Influenza, and Distracted adult brochures. I will provide a copy of my child's birth certificate, a current physical exam (Form 3040), and immunization record (Form 680 or 681) within 30 days of enrollment. I will complete a medication form if my child will need prescribed medications while in care. I give my permission for SCA to complete assessments on my child. I hereby give permission for images of my child captured during classes, events, recitals, and projects through video, photo, and digital camera to be used solely for the purposes of Sunshine Christian Academy promotional material, advertisement, social media, and publications, and waive any rights of compensation or ownership thereto.

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