

Office Notes:



...A Firm Foundation for the Future
3 year olds thru 6th Grade

2021-2022 Enrollment Form

Phone: 915-857-5100 Fax: 915-857-1767
Email: school@sunshinechristianschoolep.com
11601 Montwood Dr. El Paso, TX 79936

Grade Applied For _____
Assigned Teacher _____
Extended Care () Flat () Hrly _____
Student Fee _____
Tech Fee (K5-6th) _____
Tuition _____
Staff Initial _____
Date of Application: _____
Date of Admission: _____

STUDENT INFORMATION

Name (Nombre del Niño) (First, M.I. Last) _____ F M
Name to be called at school _____ Gender(circle) _____
D.O.B. (Fecha de Nacimiento) _____

Address (Direccion) _____ Zip Code (Zona Postal) _____ Phone # (Telefono) _____

Last School Attended _____ List All Past Teachers _____ Last Grade Completed _____

Child lives with: _____ Mother/Father _____ Mother Only _____ Father Only _____
_____ Guardian _____ Mother/Step-Father _____ Father/Step-Mother _____
*If Divorced: _____ Joint Custody _____ Sole Custody

*(Current legal custody documentation must be provided.)

List any special problems that your child may have, such as **allergies (including seasonal allergies)**, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, and any other information which staff should be aware of.

Please note: If your child requires the administration of prescribed medication please complete a "Medication Administration Form" with the office.

PARENT INFORMATION

Father's Name _____

Mother's Name _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work # _____ Cell # _____

Work # _____ Cell # _____

E-mail _____

E-mail _____

Marital Status: Married [] Remarried [] Widowed []
Divorced [] Separated [] Single []

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Divorced [] Separated [] Single []

EMERGENCY CONTACTS

If parents can't be reached contact the following persons in the order listed below:

1. _____ Relation _____ Phone _____ Cell _____
2. _____ Relation _____ Phone _____ Cell _____
3. _____ Relation _____ Phone _____ Cell _____

RELEASE INFORMATION

I authorized the following persons to pick up my child:

1. _____ Relation _____ Phone _____ Cell _____
2. _____ Relation _____ Phone _____ Cell _____
3. _____ Relation _____ Phone _____ Cell _____

Is there anyone who is **NOT** supposed to be near your child? _____

(Please include a photo and legal documentation if it is one of the parents.)

Other Children/Family Members in the home

Name:	Age:	School Attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

The following information will help us come alongside your child and family.

What church do you attend? _____ Church Attendance: Student regular sometimes seldom never
Father _____
Mother _____

Have there been any important changes within the family during the last three years? (job changes, moves, births, deaths, illnesses, separations, divorce)

Are there any members of your child's immediate family that have a serious health problem? Please list relation of the individual and condition. _____

What else would you like us to know about your child or your family? _____

CHILD'S HISTORY

Was your child born: Early On time Late Birth weight: _____ Any complications? _____

Since birth, has your child experienced any developmental delays, physical, emotional or learning difficulties? _____

Has your child lived with you continuously since birth? _____

Does anyone assist you with childcare on a regular basis? _____

Language spoken at home: _____ Child speaks: _____ Child prefers to speak: _____

Describe your child's positive qualities. _____

Describe your child's challenges. _____

How would you describe your child's temperament? _____

Does your child have any special learning challenges? (i.e. A.D.D, hyperactivity, dyslexia, sensory sensitivity, hearing or vision)

Please complete the following statements: **My child:** (circle all that apply)

Obeys the first time that I tell him/her to do something: frequently sometimes rarely never

Has extracurricular interests in: church classes play groups team sports karate dance other _____

Gets along with others: well fairly well poorly avoids others **Hits others:** frequently sometimes rarely never

Exhibits anxiety when I leave him/her: frequently sometimes rarely never

Sucks his/her thumb: frequently sometimes rarely never

Has a difficult time staying focused on the task at hand: frequently sometimes rarely never

Has a difficult time sitting still: frequently sometimes rarely never **Is shy:** frequently sometimes rarely never

Joins groups of children: readily hesitantly needs to be coaxed will not

Makes and keeps friends: many friends some friends one friend none

Likes to: look at books read books play outside ride bikes sing swing

Has the following self help skills: feeds self dresses self goes to potty by self after bowel movement can wipe self brushes own teeth
picks up after self other _____

Most effective way of disciplining your child: send to room spank ignore reward reason take away privileges time out chair

Has attended SCS before?: Y / N If Yes, From _____ to _____, Grade _____ Teacher _____

Reason for leaving SCS: _____

FINANCIAL AGREEMENT

I understand that the registration fee is **nonrefundable** unless Sunshine Christian School (SCS) does not accept my child for enrollment. I agree that the **Student Fee** is due by **May 15th, 2021** (as per the current Tuition Rates and Fees schedule), or when I submit my Enrollment Packet.

TUITION: I understand that tuition is due and intend to pay tuition as follows **(please choose an option & INITIAL):**

<input type="checkbox"/> One Payment _____ (Initials) Annual Tuition \$ _____ Less 3% Disc. \$ _____ Payment \$ _____ Due Date: 7/15/2021	<input type="checkbox"/> Two Payments _____ (Initials) Semester Tuition \$ _____ Less 1.5% Disc. \$ _____ 2 Equal Payments of \$ _____ Due Dates: 7/15/2021 & 12/15/2021	<input type="checkbox"/> Ten Payments _____ (Initials) Monthly Tuition \$ _____ First payment due: 7/15/2021
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Notes: Administrative fee of \$25 will apply to any changes to Semester Tuition payment plan. Sibling discount and paid in full or discounts cannot be combined.

EXTENDED CARE:

I do not intend to use the EC Services.

I understand that there are two options for paying EC fees. **I agree to pay EC fees as follows:**

I intend to pay for EC using the monthly flat rate fee of \$ _____

***The flat rate fee covers the days your child attends normal scheduled classes.**

I intend to pay for EC fees by the hour up to the daily maximum (hourly rate and daily maximum will be as shown on the current Tuition Rates and Fees Schedule).

1. _____ **I understand that ONE change per school year can be made to my original Extended Care option.**
2. _____ I understand that a late fee of \$25 will be applied each month after the due date if I am using the 10-month installment plan and an increment of \$5.00 every Monday if I do not pay the monthly tuition by the tuition due date. (first payment due 7/15/2021 And the **15th of every month** thereafter).
3. _____ **I understand that if I agree to the two semester payments and do not pay the 2nd semester payment by 12/15/2021, I will forfeit the 1.5% discount and pay remaining tuition balance that will be applied plus administrative fee to last four monthly payments. I agree to notify the office in advance if I am unable to pay second semester payment.**
4. _____ I understand that a returned payment fee of \$35 will be applied for any payment that is returned for any reason.
5. _____ I understand that if my account becomes 30 days overdue, my child will not be allowed back in class.
6. _____ **I understand that the SCS policy is that, should an account be delinquent, student grades and/or records will not be released to any parent, guardian, or school until the balance is paid in full.**
7. _____ I understand that my signature below confirms that I have read and agree to these policies.

PRIMARY RESPONSIBLE PARTY

Signature

Printed Name

Address

Telephone Number

Date

SECONDARY RESPONSIBLE PARTY

Signature

Printed Name

Address

Telephone Number

Date

SUNSHINE CHRISTIAN SCHOOL - CHILDREN'S RISK ASSESSMENT

Name of Child _____ Date _____

TB Questionnaire

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult with active TB pneumonia. It is spread to another person by coughing or sneezing TB germs into the air. The child may breathe in these germs.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD of Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is available to use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing. As far as you know, Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has your child been around anyone sick with TB?	(circle one) Yes No Yes No Yes No
Was your child born in or has your child traveled to Mexico or any other country in Latin America, the Caribbean, Africa or Asia for longer than 3 weeks? If so, which country/countries? _____	Yes No
To your knowledge, has your child spent time with anyone who is/has been and Intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	Yes No

We need your help to find out if your child has been exposed to tuberculosis.

Has your child been recently tested for TB? Yes _____ (if yes, specify date ____/____) No _____

Has your child ever had a positive TB skin test? Yes _____ (if yes, specify date ____/____) No _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Signature - Parent or Legal Guardian _____
Date

For additional information regarding immunizations contact the Department of State Health Services at <https://dshs.texas.gov/immunize/>

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Principal or person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone: _____
Emergency Medical Care Facility: _____ Address: _____ Phone: _____
Insurance Company: _____ Policy Number: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child. I understand that any expenses incurred will be borne by the child's family.

Signature - Parent or Legal Guardian _____
Date

AUTHORIZATION FOR EMERGENCY EVACUTION

For emergency evacuation purposes, I authorize the Principal or person in charge to transport or walk my child(ren) to the following alternative site(s):

- 1) 11600 Laura Marie Dr., El Paso, TX 79936 (Ministry House)
- 2) O'Shea Keleher Elementary, 1800 Leroy Bonse, El Paso, TX 79936 (915-937-7200)

Signature - Parent or Legal Guardian _____
Date

TEXT MESSAGING AGREEMENT

In order for you to receive additional information via text updates for your child's class, for example inclement weather notification, you are required to subscribe to text alerts in order to complete enrollment. By signing up for Text Message Alerts, you agree to receive text messages to your mobile device.

TEXT ALERTS PROCEDURE

Participants text a unique class or school code to a Remind phone number. For U.S, the Remind number is 81010. For example, if you wanted to join a class with the class code @math, you would text @math to 81010.

Class	Code
Preschool AM	@scspsam21
K4 AM	@scsk4am21
K5 Half Day	@scsk5half21
K5 Full Day	@scsk5full21
Elementary	@scselem21
Sixth Grade	@scs6th21

After texting the code, the subscriber will receive a text that asks for them to respond with their name. After texting their name to the service, the subscriber will receive a text thanking them and telling them to reply HELP for help commands.

Unsubscribe <code> - This will unsubscribe the subscriber from the class that uses that code only.

Stop - This will unsubscribe the subscriber from all alerts.

ENROLLMENT PACKET REQUIREMENTS

ALL ITEMS MUST BE SUBMITTED WITH THE APPLICATION

PARENT CHECKLIST	FOR OFFICE USE ONLY
<input type="checkbox"/> Completed Enrollment Packet	_____
<input type="checkbox"/> Student Fee paid with enrollment packet (Due by May 15).	_____
<input type="checkbox"/> Birth certificate (new students, current students may use copy from file)	_____
<input type="checkbox"/> Current immunization record or exemption	_____
<input type="checkbox"/> Physical health form from child's physician or physician signature on statement of health	_____
<input type="checkbox"/> Allergy form (If applicable)	_____
<input type="checkbox"/> Hearing & Vision (4 years old - 6th grade)	_____
<input type="checkbox"/> A photo of child and parents	_____
<input type="checkbox"/> Legal custody documentation if applicable	_____
<input type="checkbox"/> Most recent report card K5 - 5th grade (new students)	_____
<input type="checkbox"/> Testing Fee (new students K5 – 6th grade)	_____

Important: This information is confidential, for school use only, this form will be retained in a locked file cabinet.