



REGISTRATION CHECKLIST

The forms listed below are due along with the registration fee to secure your child's placement for the 2022-2023 school year.

Please check and turn in the following to the Office Staff:

- Application for Enrollment
- SCS Release Form
- 22-23 Medical Consent Form (Notarized)
- Copy of signer's Driver's License
- Student Information Sheet
- 22-23 VPK Attendance Policy (VPK Students Only)

Student Name:

Cash _____ **Check** _____

Tuition Express _____

VPK Only _____

Registration Fee Total: _____

Materials Fee Total: _____

Registration Fee due/processed March 1st.

Materials Fee due/processed June 15th.



APPLICATION FOR ENROLLMENT

Student Information

Date of Birth: _____

Gender: M F

Child's Name: _____

Child lives with:

Mother Father Both

Other: _____

Custody:

Mother Father Both

Other: _____

Church Affiliation: _____

I do not want the following information on my child's class roster:

Address Phone E-mail

Office Use Only:

Registration Date:

_____ SY _____

Primary Hours of Care:

_____ to _____

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> PK 2 (Y2/O2) | <input type="checkbox"/> Monday |
| <input type="checkbox"/> PK 3 | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> VPK Adv | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> VPK Only | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Non-VPK | <input type="checkbox"/> Friday |
| <input type="checkbox"/> K | |

RF _____

MF _____

LMT _____

Misc: _____

Total _____ Date _____

Cash Check: # _____ TE

Family Information

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Employer: _____

Employer: _____

Email: _____

Email: _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care, if warranted:

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies, medical or dietary needs, or other areas of concern: _____

Severe: Yes No

SCS Child Care Application for Enrollment, Page 2

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people may also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency:

Name	Relationship	Primary Phone	Secondary Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State Statutes

State of Florida, Department of Children and Families:

Section 65C-22.006(2), F.A.C. - requires a current physical examination (Form DH 3040) and immunization record (From DH680) within 30 days of enrollment or upon first day of student attendance, whichever comes soonest. *Kindergarten students must have these forms on file upon first day of attendance.*

Section 402.3125(5), F.S. - requires that parents receive a copy of the child care facility brochure "Know Your Child Care Facility."

Section 65C-22.006(4)(c)2., F.A.C. - requires that parents are notified in writing of the disciplinary practices used by the child care facility. Please see the *SCS Parent Handbook*.

SCS Parent Handbook

Sanlando Christian School requires that parents read a copy of the *SCS Parent Handbook*. It may be accessed on our web page at www.sanlandochristianschool.org. Click on "About Sanlando Christian School," then "Enrollment Forms."

I hereby certify that I have read the SCS Parent Handbook

Signatures

By signing below, you verify that all information on these forms is complete and accurate. Your signature verifies that you agree to follow the policies and procedures of Sanlando Christian School. You also acknowledge that all registration, materials & 10% annual tuition deposit fees are non-refundable. If at any time a parent/guardian and the school cannot come to an agreement on school/student issues, the parent/guardian may be graciously asked to withdraw the child.

Year 1:

Signature of Parent/Guardian

Date

Year 2:

Signature of Parent/Guardian

Date

Year 3:

Signature of Parent/Guardian

Date



SCS RELEASE FORM

Child's Name: _____

Parent / Guardian: _____

- I understand that for emergency purposes, all SCS staff has access to SCS Student files.

- I hereby grant permission for my child to view videos chosen by SCS. Video use is limited to instructional purposes (i.e. water safety) and animated features on Pajama Day/Special Occasions.

- I hereby grant permission for photographs of my child to be used in the following ways:
 - To be sent to me in the parent app
 - Printed for my child's end-of-year memory book
 - On the school's social media and/or webpage (no names will be used)

- I hereby grant permission for my child to be served food from outside sources. I understand that this includes snacks and other food provided by the school, as well as birthday treats or foods that may be brought by other parents in accordance with school policy.

By signing below, you verify that you have read the above information.

Year 1: _____
Signature of Parent/Guardian Date

Year 2: _____
Signature of Parent/Guardian Date

Year 3: _____
Signature of Parent/Guardian Date



2022-2023 MEDICAL CONSENT FORM

Child's Physician _____ Phone _____

Address _____ City, State, Zip _____

Known Allergies _____ Severe Yes No

Preferred Hospital _____

Regular Medication _____

Medical Ins. Co. _____ Phone _____

Member I.D. _____

Policy/Group/Plan# _____

Consent to Medical Treatment:

We/I, the undersigned, are the parents/parent having legal custody, or the legal guardian(s) of _____, a minor, and have given our/my consent for him/her to attend Sanlando Christian School, implemented by the staff of Sanlando United Methodist Church (Longwood, FL). In the event that he/she is injured while attending such school and requires medical attention, we/I consent to any reasonable medical treatment as deemed necessary by a licensed physician. We/I hereby authorize the director, office administrator, or lead teacher to give such consent for us/me, if we/I cannot be reached, or if emergency conditions warrant immediate treatment. In the event this person(s) give(s) consent for us/me, we/I agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. We/I give consent that such necessary medical treatment be performed at the closest appropriate medical facility. We/I also assume responsibility for any and all medical bills incurred.

Parent/Guardian Name _____ Daytime Phone _____

Signature _____ Cell Phone _____

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public _____

Commission Expires _____

Parent/Guardian Information: Driver's License No. _____

Personally Known _____

SANLANDO CHRISTIAN SCHOOL
1894 WEST STATE ROAD 434
LONGWOOD, FL 32750-5002
407.339.1172 FAX 407.339.3354



PLEASE HELP US KNOW YOUR CHILD BETTER!

Child's Name: _____ Birth date: _____

Name they prefer to be called at school: _____

Other adults involved in your child's care: _____

Parent/Guardian Name(s) & Occupation (s): _____

Siblings or pets: _____

Three words to describe your child: _____

Discipline challenges & techniques that work at home? _____

How does your child show frustration? (words, actions, tears, other) _____

What helps your child to calm? _____

Is there a family history of anything that might affect progress at school? (Examples: hearing, vision or speech impairment, reading/writing difficulties, etc.): No Yes (please explain on reverse)

Has your child received any screenings or evaluations outside of this school (speech, hearing, occupational, behavioral, developmental, etc.)? No Yes (please explain on reverse)

Has your child received any services or therapies? No Yes (please explain on reverse)

Allergies/medical issues that might affect your child at school? No Yes _____

What do you hope your child will learn this year? _____

Is there anything else you'd like to share about your child or family that would help us start the year off smoothly? _____



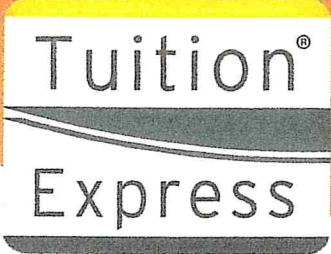
SANLANDO CHRISTIAN SCHOOL

www.sanlandochristianschool.org



1894 West State Road 434 • Longwood, FL 32750-5002 • Phone: 407.339.1172 • Fax: 407.339.3354

An Outreach Ministry of Sanlando United Methodist Church



*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT**

I (we) hereby authorize (business name) Sanlando Christian School to initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

SECTION B (Bank Account)

Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)		Account Number (see sample below)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



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SOFTWARE®