Sunrise Christian Academy

New Admission Registration Forms

2024-2025

Please use the following checklist to make sure everything in the New Admission Packet gets filled out and returned to the school. Any questions please contact:

Lisa Turek: 989-335-8488

- Student Application Information (3 pgs.)
- Transfer Records Request (return signed if applicable)
- Health Appraisal (make sure Hearing/Vision is completed)
- School Information/Photo Release
- Permission for Use of SCA computers and Internet
- Concussion Awareness acknowledgement
- Copy of Birth Certificate
- Immunization Record or Waiver

Integrity Excellence Honor

Student Application Information

Sunrise Christian Academy
443 S US 23
Harrisville MI 48740
989.335.8488

Application for New Admission - 2024-2025 School Year

FOROFFICEUSEONLY:

DATE RECEIVED_____RECEIPT#_____AMOUNT$_____
TESTED_____RECORDS RECEIVED___
_____CHURCH MEMBERSHIP_____

Please fill out the application neatly and completely – print or type.
Return to the school office with the $25 application fee.

NAME OF STUDENT_____

(1ST CHILD) Last First Middle (preferred/nickname)

Student to enter Grade _____ Birth date____/_____/_____ ☐ Male ☐Female

Current School Attending_____ Principal_____
Address_____ Phone#_____

Has student ever repeated a grade? ☐Yes ☐No If yes, which grade?_____
Indicate if student has been disciplined by a previous school: ☐Yes ☐No

Suspension: ☐Yes ☐No Asked to withdraw by school: ☐Yes ☐No Expulsion: ☐Yes ☐ No
Please explain any yes:_____

Indicate if student has been: Evaluated by SSD: ☐Yes ☐No Current IEP: ☐Yes ☐No ADD Diagnosis: ☐Yes ☐No
Please explain any yes:_____

NAME OF STUDENT_____

(2ND CHILD) Last First Middle (preferred/nickname)

Student to enter Grade _____ Birth date____/_____/_____ ☐ Male ☐Female

Current School Attending_____ Principal_____
Address_____ Phone#_____

Has student ever repeated a grade? ☐Yes ☐No If yes, which grade?_____
Indicate if student has been disciplined by a previous school: ☐Yes ☐No

Suspension: ☐Yes ☐No Asked to withdraw by school: ☐Yes ☐No Expulsion: ☐Yes ☐ No
Please explain any yes:_____

Indicate if student has been: Evaluated by SSD: ☐Yes ☐No Current IEP: ☐Yes ☐No ADD Diagnosis: ☐Yes ☐No
Please explain any yes:_____

STUDENT(S) LIVES WITH: _____Father & Mother _____Father Only _____Mother Only _____Father/Stepmother _____Mother/Stepfather _____Grandparent/Guardian

Ethnic Origin: (used for government reporting purposes only) _____African/American _____Caucasian _____Hispanic _____Other

Public School District in which you live _____

Public Elementary School /Junior High School which you would attend _____

The following family referred me to Sunrise Christian Academy: Parent _____ Child _____

FAMILY DATA

Parent/Guardian #1 Name (Dr./Mr./Mrs./Ms.) _____ Home Phone (___) _____

Home Address _____
Street City State Zip

E-mail Address _____ Cell Phone(_____) _____

Employer _____ Occupation _____

Work Phone (_____) _____ Pager(_____) _____

Parent/Guardian #2 Name (Dr./Mr./Mrs./Ms.) _____ Home Phone(____) _____

Home Address _____
Street City State Zip

E-mail Address _____ Cell Phone(_____) _____

Employer _____ Occupation _____

Work Phone (_____) _____ Pager(_____) _____

Are parents separated? ☐ Yes ☐ No Divorced? ☐ Yes ☐ No If yes, who has custody?

_____

Please star (*) above which address to use for all correspondence about this application.

EMERGENCY INFORMATION

School/ EMERGENCY CONTACTS (Someone that does NOT reside at your address and is authorized to pick up your child-include additional names on another sheet of paper if needed):

Name _____ Relationship _____ Day Phone (____) _____

Name _____ Relationship _____ Day Phone (____) _____

Doctor's Name _____ Office Phone (____) _____

Please share with us information about special needs (allergies, chronic conditions, discipline, special education):

STUDENT APPLICATION FOR NEW ADMISSION

Sunrise Christian Academy

Contract of Enrollment

If accepted by Sunrise Christian Academy and with (my/our) payment of the appropriate application fee, please enter (my/our)child/ren at Sunrise Christian Academy for the full school year subject to the rules and regulations of Sunrise Christian Academy as established by the faculty and approved by the Board of Christian Education and also subject to the written statements, rules, regulations, conditions, and financial terms contained in the Sunrise Christian Academy Parent/Student Handbook which is acknowledged to include the following:

1. A non-refundable application fee of $25 (for evaluation material) is required. Once accepted, you will receive an email for additional paperwork and a fee of $500.00 required for each student by Aug. 1st (used to purchase customized curriculum and uniforms). *(Please make checks payable to Sunrise Christian Academy.)*

2. **Students are expected to be in the school and ready to begin class at 8:00 AM, when the school day begins. School doors open at 7:50 AM. The school day ends at 1:15 PM.** Parents are expected to be prompt in picking up their child at the end of the day. If students are involved in after school activities, they should leave school after the activity. If a student is absent for a day, parents are to call the school before 9:15 am to inform the school of the reason for the absence.

3. If I cannot be contacted, those people listed as "Emergency Contacts" are authorized to pickup my child during the school day (Additional names may be attached to this application as needed.)

4. We, the parent(s)/guardian(s) give permission to Sunrise Christian Academy to use pictures, videos, and directory information regarding our child(ren) as related to school sponsored events, activities, and special recognitions as authorized by The Family Educational Rights and Privacy Act. Release of student information by the school is done prudently and primarily to promote the accomplishments of our school and our students.

5. If in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) need medical or surgical services which require (my/our) authorization or consent before being supplied and reasonable attempts have been made to contact the parents/guardians, (I/we) hereby authorize, appoint and empower Sunrise Christian Academy to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Sunrise Christian Academy from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

WE EXPECT THAT THE STUDENTS OF SUNRISE CHRISTIAN ACADEMY WILL ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL AS ESTABLISHED BY THE FACULTY AND APPROVED BY THE BOARD.

_____	_____	_____
Date	Signature of Father/Legal Guardian	Signature of Mother/Legal Guardian

★APPLICATION IS INCOMPLETE WITHOUT SIGNATURE(S) AND APPLICATION FEE★

Subject: Transfer Records Request

Please send your cumulative records, health records, test records (including the most recent I.E.P. and psychological reports), and any other pertinent information that you may have regarding my child _____.

Please include the latest grades.

We would like this information sent to:

Sunrise Christian Academy
443 S US 23
Harrisville MI 48740

Name and Address of Previous School:

_____ _____
Parent/Guardian Signature Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.**)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			⇨

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / / _____
Parent/Guardian Signature Date

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

/

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

Parent/Guardian refused immunizations: ☐

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature | Title | Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____

_____ ___/___/___

Dentist's Signature | Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature | Date | *Examiner's Name (Print or Type)* | Degree or License

_____ _____ MI _____ (_____) _____

Number & Street | City | ZIP Code | Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

School Communication/News

A school newsletter will be developed and shared with families. A great deal of effort is put into each one as teachers and staff try to share the information that parents need as part of the school family.

************Here's what we need from you…..*Please <u>read</u> the newsletter!*************

YES! I pledge to partner in my child's education by looking through the school newsletter.

_____ _____
Parent/Guardian Signature Date

Parents are also asked to consider being a part of a REMIND GROUP to receive periodic texts from the school office with important bits of information such as alerts about weather-related school closings. Interested? Share your name and cell number below:

_____I'm already signed up

_____Sign me up! Parent Name & Cell Number/s

Photo Release

Website

_____ I give my permission for my child's photos (taken during school functions) to be published on the school website and/or facebook page

_____ I do not wish to have my child's picture on the website or facebook.

Newspaper

_____ I give my permission for my child's photos (taken during school functions) to be published in local newspapers.

_____ I do not wish to have my child's picture in local newspapers.

_____ _____
Parent/Guardian Signature Date

Student (s) _____

Parent Comments: _____

CONCUSSION FACT SHEET FOR PARENTS

HEADS UP CONCUSSION

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

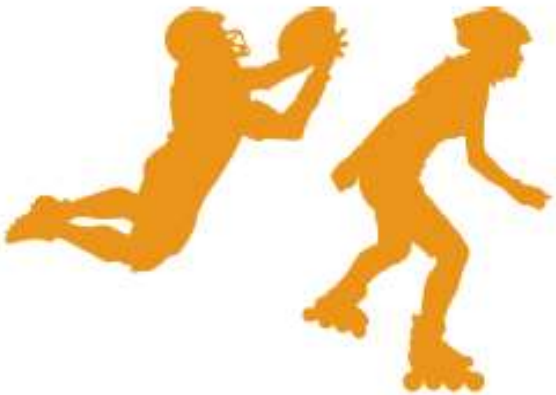
SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

SCA



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY
   A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. KEEP YOUR CHILD OUT OF PLAY.
   Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.
   Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

HEADS UP

JOIN THE CONVERSATION www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Concussion Awareness
Educational Material Acknowledgement

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by Sunrise Christian Academy.

_____	_____
Student name printed	Parent or Guardian name printed
_____	_____
Student signature	Parent or Guardian signature
_____	_____
Date	Date
_____	_____
Student's Date of Birth	Date that student will turn 25 years old

Report any known previous incident(s) of concussion (use back of form if necessary)

_____

_____

Return this signed form to Sunrise Christian Academy. This form will be kept on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.