



## **2025-26 REGISTRATION**

### **SEACOAST CHRISTIAN ACADEMY PRESCHOOL**

#### **New Student Registration Process**

- \_\_\_\_\_ Submit a 2025-26 completed registration with a non-refundable registration fee of \$150 per child (\$100 for sibling).
  
- \_\_\_\_\_ The following should be submitted/uploaded to Procure shortly after submission of this registration form and confirmed enrollment:
  - \_\_\_\_\_ Copy of birth certificate
  - \_\_\_\_\_ Current Immunization Record
  - \_\_\_\_\_ Health Insurance Card (if available)
  - \_\_\_\_\_ Any developmental evaluations or IEP forms (if applicable)
  - \_\_\_\_\_ Custody documentation if student(s) does not reside with birth parents or both parents

If you need any assistance completing the registration process, please feel free to contact school office.

- ❖ The term “SCA”, whenever used in this application, refers to Seacoast Christian Academy Preschool.

***Seacoast Christian Academy Preschool, a ministry of Coastal Community Baptist Church***  
7721 Alexander Rd., Wilmington, NC 28411 Phone (910) 686-7775 Fax: (910) 686-7773  
info@seacoastchristianNC.com [www.seacoastchristianNC.com](http://www.seacoastchristianNC.com)

2025-26

**SEACOAST**  
CHRISTIAN ACADEMY PRESCHOOL



**OFFICE USE ONLY**

Amount: \_\_\_\_\_  
Payment: \_\_\_\_\_  
Date: \_\_\_\_\_

**OFFICE USE ONLY**

Class Age: \_\_\_\_\_  
Days per week: \_\_\_\_\_  
Entered Procure: \_\_\_\_\_

7721 Alexander Rd. Wilmington, NC 28411 Phone: (910) 686-7775 Fax (910) 686-7773

info@seacoastchristianNC.com [www.seacoastchristianNC.com](http://www.seacoastchristianNC.com)

**1. CONTACT INFORMATION**

Student Last Name First Name Middle Name to use in school

Address Street City State Zip County

Age Date of Birth Gender Home Phone

Father's Name Place of Employment Work Phone Cell Phone E-mail address

Mother's Name Place of Employment Work Phone Cell Phone E-mail address

**Marital Status:** Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

If separated, legal guardian \_\_\_\_\_  
Name (Relationship to Child)

Does your child currently have an IEP or other developmental evaluations forms? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child had any other child care experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give name, location and type of care \_\_\_\_\_

	Name of Church Attending	Location	Pastor Name
Father			
Mother			
Child			

Name(s) of other child(ren) in family Age Grade School Attending

---



---



---

## 2. SCHEDULE DESIRED AND FINANCIAL AGREEMENT

- ❖ SCA follows the North Carolina guidelines for age-grouping.

Check Box	Class	Days of Week <b>All Classes 8:30-12:00</b>	Yearly Tuition	Tuition (10 monthly pmts)
	Pre-2 (18 mo by 8/31/25)	2 Day (TTH)	\$1,850	\$185
	Pre-2 (18 mo by 8/31/25)	3 Day (MWF)	\$2,500	\$250
	2-Year-Old (2 by 8/31/25)	2 Day (TTH)	\$1,850	\$185
	2-Year-Old (2 by 8/31/25)	3 Day (MWF)	\$2,500	\$250
	2-Year-Old (2 by 8/31/25)	5 Day (M-F)	\$3,950	\$395
	3-Year-Old (3 by 8/31/25)	2 Day (TTH)	\$1,850	\$185
	3-Year-Old (3 by 8/31/25)	3 Day (MWF)	\$2,500	\$250
	3-Year-Old (3 by 8/31/25)	5 Day (M-F)	\$3,950	\$395
	PreK4-Year-Old (4 by 8/31/25)	3 Day (MWF)	\$2,500	\$250
	PreK4-Year-Old (4 by 8/31/25)	5 Day (M-F)	\$3,950	\$395
	TK5-Year-Old (5 by 8/31/25)	**5 Day <b>(8:30-12:30)</b>	\$4,550	\$455

**Lunch Bunch is available from 12:00-12:30 for Pre-2 through PreK4-year-old classes. Please check if you desire Lunch Bunch for your student. (Students will bring their lunch each school day.)**

- ☐ 2 Days/week students – additional \$350 (or \$35 to each monthly payment)
- ☐ 3 Days/week students – additional \$450 (or \$45 to each monthly payment)
- ☐ 5 Days/week students – additional \$600 (or \$60 to each monthly payment)

- ❖ Non-refundable registration fee during open enrollment of **\$150 per child (\$100 for sibling)**, is due at time of registration.
- ❖ For the PreK4 & TK5-year-old classes, a **nonrefundable program fee of \$150 (helps cover costs for Abeka curriculum, school and graduation supplies, etc.)** is due no later than **August 1, 2025**.
- ❖ 10 equal payments will be **due on the 15<sup>th</sup>** of each month from **August 15, 2025 through May 15, 2026**
- ❖ Students in Pre-2 that desire 5 days a week will need to be registered in both MWF and TTH classes. This will require an additional **upfront deposit of \$50 to hold a spot** in the additional class but will be applied to the first monthly 5 day tuition payment. The **\$50 will be non-refundable** if one or both of those spots are dropped before school begins.
- ❖ Make sure there is a copy of your child's birth certificate, immunization record, health insurance card and any IEPs or custody documents on Procure if applicable before your child begins school.

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby state that I have received, read, and understand the policies regarding the registration fee and tuition for my child to attend SCA Preschool. I agree to pay tuition according to the above terms.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## 3. ADDITIONAL CONTACT INFORMATION IF PARENTS CANNOT BE REACHED

Name	Work phone	Home phone	Cell Phone	Relationship to Child
------	------------	------------	------------	-----------------------

**\* Persons other than parents who are authorized to take child from Center:**

Name	Home Phone	Cell Phone	Relationship to Child
------	------------	------------	-----------------------

---

Name	Home Phone	Cell Phone	Relationship to Child
------	------------	------------	-----------------------

---

**4. MEDICAL AUTHORIZATION**

---

Name of Child's Physician	Phone
---------------------------	-------

---

Does the child have any physical handicaps, disabilities, or special medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

Does the child have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

Is the child regularly taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

Do you authorize SCA personnel to administer routine medical treatment? (Band-Aid, antiseptic, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you authorize SCA to share your child's health, medical and emergency care information (ie, asthma, allergies, dietary needs, etc.) with the Director of the Preschool and your child's teachers? Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO", please return to the school in a sealed envelope addressed to SCA offices.

The SCA Preschool agrees to notify the parent/guardian whenever their child becomes ill. Once notified, the parent/guardian agrees to pick up their child as soon as possible.

In case of accident or emergency illness, the SCA Preschool will make every effort to contact the parent or guardian. If contact cannot be made, parent or guardian hereby authorizes SCA and/or medical personnel to render treatment, which in their judgment, is deemed necessary in the care of this child.

Agreed to this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ By \_\_\_\_\_  
Parent or Guardian

**5. DISCRIMINATION POLICY**

No person shall be denied enrollment, be excluded from participation in, be denied the benefit of or subject to discrimination in any program or activity, on the basis of sex, race, color, national origin or ethnic group. For the safety and well-being of our students and employees, students and/or employees with a life threatening communicable disease may not attend or work at SCA. Decisions regarding attendance or employment will take into account multiple medical professionals with expertise in the disease.

**6. STATEMENT OF COOPERATION**

- In full cooperation with SCA Preschool, we will attend the parent sessions and family events planned by SCA. We sincerely pledge our loyalty to the aims and ideals of the school and will bring all questions and criticisms directly to the administration so that they may be properly considered by those in authority.
- The faculty and administration are hereby given full discretion in the discipline of our child. This would include using timeouts, notes and phone calls to parents, and conference with the director.
- The school reserves the right to dismiss any student who does not cooperate with SCA Preschool policies or whose parent(s) does not cooperate with SCA Preschool policies.
- We agree to notify the SCA Preschool promptly of any change in our address, telephone, employment, or marital status.

---

Parent Signature

Date