Pre-Registration Form 2010 - 2011

Today's Date: _____

$50 Registration Fee Paid: _____

Mrs. Marilyn		
M/W/F a.m. (4-6's)	8:45 – 11:15	_____
T/Th a.m. (3's)	8:45 – 11:15	_____

Mrs. Lisa		
M/W a.m. (3's)	9:00 – 12:00	_____
T/Th a.m. (4-6's)	9:00 – 11:30	_____
Fri. only a.m. (3's)	9:00 – 11:30	_____

Child's Full Name: _____ Boy_____ Girl _____
First Middle Last

Birthdate: _____ Prefers to be called: _____

Parents/ Guardians:

Name: _____

Street: _____

Address: _____
City State ZIP

Home Phone (with area code): _____

Cell Phone # (Mom) _____ Cell Phone # (Dad) _____

1. Are you a member of our congregation? _____ Yes _____ No
2. Are you interested in scholarship qualification information? _____ Yes _____ No
3. How did you hear about Sonshine Christian Preschool?

Check below if you would be interested in:

1. Volunteering: ❑ In classroom ❑ At home projects
2. Becoming a Sonshine Christian Preschool Board Member. ❑ Yes ❑ No

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Office Use Only: Date _____ Time _____

(2010-2011)