

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

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



REGISTRATION FORM

Child's Full Name: _____
First
Middle
Last

Male _____ Female _____

Birthdate: _____ Prefers to be called: _____

1. Parent/Guardian Name: _____

Street: _____

Address: _____
City
State
Zip

Phone with area code: _____ Cell Phone # _____

Email address: _____

2. Parent/Guardian Name: _____

Street: _____

Address: _____
City
State
Zip

Phone: _____ Cell Phone # _____

Email Address: _____

Names(s) and ages of other children in family:

How can parents be reached while child is at preschool? _____

Present Church Home: _____

(See back side)

Previous Preschool Experiences, if any: _____

EMERGENCY CONTACTS during preschool ***OTHER*** THAN PARENT:
All Emergency contacts must be listed below on Authorization to pick up

| | Name | Address | Phone |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

INDIVIDUALS authorized to pick up my child:

| | Name | Address | Phone |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Regular MEDICAL CARE

Emergency MEDICAL CARE

| | |
|---------------------|---------------------|
| Facility Name _____ | Facility Name _____ |
| Address _____ | Address _____ |
| Telephone _____ | Telephone _____ |
| Dr.'s Name _____ | Dr.'s Name _____ |

Does this child have any allergies? _____

DENTIST name: _____

Address _____ Phone _____

The completion of this application form and the signature of a parent or guardian constitutes an agreement that any tuition or fees pertaining to this student's enrollment at Sonshine Christian Preschool will be paid by the parent or guardian signing this form.

Signature of Parent or Guardian

Date

(2010-2011)