

For Office Use Only

Reg fee pd _____

Class Abbreviation _____



Date Submitted _____

Circle one - Current Student
 Former Student
 New Student

2008–2009 PRESCHOOL REGISTRATION

Class Preferences

Please indicate your 1st and 2nd class preference below.

The morning session runs from 9–11:30 A.M., and the afternoon class meets 12:30–3:00 P.M. Remember that your child must be the appropriate age by September 30, and be potty trained.

3 year old classes- 2 days per week

___ Tues/Thurs morning
 ___ Tues/Thurs afternoon*
 (*to be determined based on enrollment numbers)

3 year old classes- 3 days per week

___ Tues/Wed/Thurs morning
 ___ Mon/Wed/Fri morning
 ___ Mon/Wed/Fri afternoon

4 year old class- 2 days per week

___ Tues/Thurs morning

4 & 5 year old classes- 3 days per week

___ Mon/Wed/Fri morning
 ___ Mon/Wed/Fri afternoon
 ___ Tues/Wed/Thurs afternoon

4 & 5 year old classes- 5 days per week

___ Mon-Fri afternoon

Child's Name _____
Name you want the teacher to use in the classroom

Gender _____ DOB _____

Address _____

Telephone _____

City _____

State _____ ZIP _____

Father's Name _____

Mother's Name _____

Address _____
(if different from child's)

Address _____
(if different from child's)

Occupation _____

Occupation _____

Employer _____

Employer _____

Work or Cellular Phone _____
(Circle One)

Work or Cell Phone _____
(Circle One)

Email Address _____
*used for school purposes only

Email Address _____
* used for school purposes only

Name

Phone #

Relationship to Child

Name of persons who may pick-up your child, other than parents listed above. (Identification required)

over

Names and ages of
Siblings

Allergies or any special
needs your child has

Does your child tell an adult
When he/she needs to go to
the bathroom? What will they say?

Do you need to remind your
child to use the bathroom?

Does your child go to the
bathroom by himself/herself?

Special things you would like
your child to experience
this year

Any particular fears your
child has

How did you hear about
Sonshine School?

Church affiliation

Talents you or the other
parent might share with
the class

Is your child right-handed or left-handed? (Please circle one, if known)

Please describe your child's personality and temperament.
