

For Office Use Only

\$50 Reg. fee _____

Class Abbrev. _____



Date Submitted _____

Circle Family: Current Former New

2012–2013 PRESCHOOL REGISTRATION

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

Gender _____ DOB _____

Address _____

Home Phone _____
(Main number you want listed on roster and called first)

City _____

State _____ ZIP _____

Father's Name _____

Mother's Name _____

Address _____
(if different from child's)

Address _____
(if different from child's)

Work or Cell Phone (Circle One) _____

Work or Cell Phone (Circle One) _____

Occupation _____

Occupation _____

Email Address _____
*used for school purposes only

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The morning class meets 9:00-11:30 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.

Class Preferences

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

3 year old classes - 2 days per week

___ Tues/Thurs morning
___ Tues/Thurs afternoon

3 year old classes - 3 days per week

___ Mon/Wed/Fri morning
___ Mon/Wed/Fri afternoon

4 & 5 year old classes - 2 days per week

___ Tues/Thurs morning
___ Tues/Thurs afternoon

4 & 5 year old classes - 3 days per week

___ Mon/Wed/Fri morning
___ Mon/Wed/Fri afternoon

4 & 5 year old class - 5 days per week

___ Mon-Fri afternoon

Extended Lunch Care program will run from 11:30 A.M. – 12:30 P.M. Children in the morning classes may stay an extra hour and children in the afternoon class may come an hour early (see brochure for more information). Cost for extended lunch care is \$5/session.

Lunch Care

If you want to register for Extended Lunch Care please mark below the day(s) you would like your child to attend.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

	Name	Phone #	Relationship to Child
Name of persons who may pick-up your child, other than listed parents. (Identification required)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

How did you hear about Sunshine Preschool? _____

Church affiliation _____

Names and ages of siblings _____

Allergies or any special needs your child has _____

Has your child had any previous preschool? If so, how many years? _____

Special things you would like your child to experience this year _____

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.

