

For Office Use Only

\$50 Reg. fee \_\_\_\_\_

Class Abbrev. \_\_\_\_\_



Date Submitted \_\_\_\_\_

Circle Family: Current    Former    New

## 2018–2019 PRESCHOOL REGISTRATION

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

Gender \_\_\_\_\_    DOB \_\_\_\_\_

Address \_\_\_\_\_

Main 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

Email Address \_\_\_\_\_  
\*used for school purposes only

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 1<sup>st</sup> and 2<sup>nd</sup> 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

### **LUNCH AND LEARNING ENRICHMENT CLASS**

The Lunch and Learning class runs from 11:30 A.M.–12:30 P.M.  
Children in the morning class stay an extra hour and children in the afternoon class come an hour early.  
Cost for Lunch Bunch and Learning is **\$8** per session.

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

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Over**

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

Name

Phone #

Relationship to Child

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How did you hear about Sonshine Preschool?

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Church affiliation

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Names and ages of siblings

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ALLERGIES or any special needs your child has

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Has your child had any previous preschool?

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Do you intend to send your child to Kindergarten next year, if so where?

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

Please describe your child's personality and temperament.

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**Playland and SHBC Gym Permission**

Occasionally during the school year we will have Large Motor Time in Playland or in the SHBC Gym or Grounds. Please check the box:

Yes, I give permission for my child to go to Playland or the SHBC Gym or Grounds.

**Picture Posting Agreement**

We would like to post pictures of the children at school, in the newspaper, on Facebook, and on our website. Please indicate your preference:

\_\_\_ Yes, you may use my child's picture.      \_\_\_ No, you may not use my child's picture.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_