

For Office Use Only

\$75 Reg. fee \_\_\_\_\_

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



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

Circle Family: Current    Former    New

## 2019–2020 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, Fireside Room or Grounds. Please check the box:

Yes, I give permission for my child to go to Playland or the SHBC Gym, Fireside Room 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