

\$35.00 Registration fee

**SONSHINE CHRISTIAN PRESCHOOL
Registration Form 2023 – 2024**

OFFICE ONLY:

Rec'd: _____ Date: _____

Check #: _____

Class: _____

STUDENT INFORMATION

Start Date: _____

Full Name: _____

Name to be used on name tags: _____

Age: _____ Birth Date: _____ Male Female

Has this child previously attended SonShine? _____

Church Affiliation: _____

Has a sibling attended? _____ Year(s): _____

Parent/Guardian Preferred Language or Mode of Communication: _____

MOTHER (GUARDIAN)

FATHER (GUARDIAN)

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS

Please list at least four emergency contacts (including parents) in the order in which you prefer calls to be made.

| NAME | CELL PHONE | PHONE | RELATIONSHIP TO CHILD |
|------|------------|-------|-----------------------|
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AUTHORIZED PERSONS TO WHOM CHILD MAY BE RELEASED

No child will be allowed to leave the school with any individual that has not been cleared by the parent. Please list any person who may be picking up your child from school (include parents if applicable).

| NAME | ADDRESS | PHONE | RELATIONSHIP TO CHILD |
|------|---------|-------|-----------------------|
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