\$35.00 Registration fee

SONSHINE CHRISTIAN PRESCHOOL Registration Form 2023 – 2024

OFFICE ONLY: Rec'd:	_Date:
Check #:	
Class:	

STUDENT INFORMAT	ΓΙΟΝ Start Date:		Class:			
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 Preferre	d Language or Mode of Commu	ication:				
MOTHER (GUARDIAN)	FATHER (GUARDIAN)				
Name:		Name:				
Phone:		Phone:				
Address:		Address:				
	_ State: Zip:		State: Zip:			
Occupation:		Occupation:				
Employer:		Employer:				
Work Phone:	Work Phone:		Work Phone:			
		Email:				
	ergency contacts (including parent		refer calls to be made.			
NAME	CELL PHONE	PHONE	RELATIONSHIP TO CHILD			
AUTHORIZED PERSO	ONS TO WHOM CHILD MAY	BE RELEASED				
No child will be allowed to I	eave the school with any individua	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			

Please list other children in your household

Signature – Program Director

	Age		Relationship to student		
					\dashv
					\dashv
					\exists
					\dashv
Please complete all fields below					
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE	PROVIDER			TELEPHONE NUMBER	
ADDRESS					
SPECIAL DISABILITIES (IF ANY)	- 10	7.00	ALLERGIES (INCLU	DING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN A	N EMERGENCY SITUATION	ν.	MEDICATION, SPEC	CIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CH		852	CONTROL OF THE SECONDARY		
additional information on special needs of Gr	4ILD				5-
HEALTH INSURANCE COVERAGE FOR CHILD or MEDIC	AL ASSISTANCE BENEFITS	s	POLICY NUMBER (F	REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EA	ACH ITEM BELOW TO	INDICATE E	ARENTAL CONS	CNIT	S20010
	ACIT ITEM DECON-	A STATE OF THE PARTY OF THE PAR	CONTRACTOR OF THE PROPERTY OF	ID PROCEDURES	
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OBTAINING EMERGENCY MEDICAL CARE		3.05.000.000.000.000.000.000.000.000.000	MINOR FIRST - A		
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS		SWIMMING	MINOR FIRST - A		
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OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS TRANSPORTATION BY THE FACILITY		SWIMMING			
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS TRANSPORTATION BY THE FACILITY	date	SWIMMING	ature – Parent (date
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS TRANSPORTATION BY THE FACILITY	date	SWIMMING	ature – Parent (Guardian)	date
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS TRANSPORTATION BY THE FACILITY	date	SWIMMING		Guardian)	date
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS TRANSPORTATION BY THE FACILITY	date	SWIMMING	ature – Parent (Guardian)	
WALKS AND TRIPS TRANSPORTATION BY THE FACILITY Signature – Program Director		SWIMMING WADING Signa	ature – Parent (ature – Parent (Guardian)	
OBTAINING EMERGENCY MEDICAL CARE WALKS AND TRIPS		SWIMMING WADING Signa	ature – Parent (ature – Parent (Guardian)	

Signature - Parent (Guardian)

date