

\$35.00 Registration fee returning students.
\$50.00 Registration fee new students

**SONSHINE CHRISTIAN PRESCHOOL
 Registration Form 2024 – 2025**

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

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

