\$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

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):

Start Date:

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

Please list other children in your household

Child's name	Age	Relationship to student	

Please complete all fields below. Insert NA for any fields that do not apply.

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTA	NCE BENEFITS	POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM	BELOW TO INDICATE	PARENTAL CONSENT
OBTAINING EMERGENCY MEDICAL CARE		OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING	1

Signature – Program Director	date	Signature – Parent (Guardian)	date
		Signature – Parent (Guardian)	date
• ·		nake changes and sign below when requested by Sor	Shine at 6
months from enrollment).			
Signature – Program Director	date	Signature – Parent (Guardian)	
Submit form along with	a \$35.00 or \$50.00 r	on-refundable registration fee to:	