

SonShiners Preschool

Registration Packet



Theresa Baptist Church

3919 Chub Lake Rd

Roxboro, NC 27574

(336) 599-0635



*We will not hide these truths from our children,
Telling the next generation about the glorious deeds of the LORD,
about his power and his mighty wonders.
Psalm 78:4*

Dear Parents,

On behalf of the preschool board and staff, I would like to thank you for your interest in SonShiners Preschool. We are excited about the opportunity to serve your child and your family. Along with this letter you will find a registration packet for our one, two, three, and four-year-old classes and a 2025-2026 SonShiners Preschool Brochure. This brochure will answer many of the questions you may have regarding our preschool operation. If you would like more information, have further questions or would like to set up a time to tour the preschool prior to submitting the application, please give me a call at 33-599-0635 or 336-597-4837. I would be happy to answer any questions you may have and help you get acquainted with our school.

The Registration Packet Includes:

Page 1 - Application for Admission Page

4 - Child Health Record

Page 2 – Authorization to Pick Up

Page 3 -Medical Emergency Information Page

5 - Child Medical Report

Preschool classes will be filled first with current preschool students and their siblings and then in the order that completed applications and registration fees are received. Once classes are full, applicants will be contacted for the opportunity to be put on a waiting list in the chance that room becomes available.

To register your child, please complete the registration forms on **pages one, two, three, four and five**, and return them along with the **\$75.00 registration fee by May 30. Please note after May 30 the registration fee is \$100.00.** Checks should be made payable to "SonShiners Preschool." Page five, the Child Medical Report, must be completed by your child's physician and should be turned in to the school as soon as possible. **All five pages of the registration packet must be completed and turned in before your child can attend school.**

Registered students will receive a welcome letter in August. This letter will include dates and times for parent and student orientations as well as details about your child's class.

I look forward to hearing back from you and getting to know you!

Sincerely,

Wendi Gentry, Director

SonShiners Preschool

Application for Admission

Please register my child for:
2025 – 2026 School Year

Packet needs to be completed and returned to SonShiners Preschool.
\$75.00 Registration Fee must be paid before it can be processed.

Toddler Time, 1 year old, Tues /Thurs class	
Two-year-old, Mon/Wed /Fri class	
Three-year-old Class Mon/Wed/Fri class	
Three-year-old, Tue/Thurs (2days) class	
Three-year-old, Mon – Fri (5days) class	
Four-year-old, Mon/Wed/Fri (3days) class	
Four-year-old, Tue/Thurs (2days) class	
Four-year-old, Mon – Fri (5days) class	

General Information

Child's Name: _____ Date of Birth: _____
 Home Address: _____ Home Phone: _____
 City: _____ Zip Code: _____
 Current Age of Child: _____ Gender: _____ Date of Application: _____
 Email Contact: _____

FAMILY INFORMATION

Father's Name: _____ Home Phone: _____
 Home Address: _____ Cell Phone: _____
 City: _____ Zip Code: _____
 Occupation: _____ Business Phone: _____
 Place of Business: _____

Mother's Name: _____ Home Phone: _____
 Home Address: _____ Cell Phone: _____
 City: _____ Zip Code: _____
 Occupation: _____ Business Phone: _____
 Place of Business: _____

Student's Siblings Names	Age	Gender	School	Grade
_____	_____	M or F	_____	_____
_____	_____	M or F	_____	_____
_____	_____	M or F	_____	_____

AUTHORIZATION TO PICK UP

The following adults have parental authorization to pick up _____(child) from SonShiners Preschool without any other written or verbal approval.

Name: _____

Contact Numbers: _____

Name: _____

Contact Numbers: _____

Name: _____

Contact Numbers: _____

Name: _____

Contact Numbers: _____

SonShiners Preschool
MEDICAL EMERGENCY INFORMATION

(MAKE SURE THAT ALL INFORMATION PROVIDED IS KEPT CURRENT)

Child's Name: _____ Date of Birth: _____
Home Address: _____
City: _____ Zip Code: _____

In case of an emergency situation, parents can be reached at the following:

Mother—place: _____ Phone: _____ Alternate: _____
Father—place: _____ Phone: _____ Alternate: _____

EMERGENCY INFORMATION

Please give us the name, address, and contact numbers of two people who could act on the parents' behalf in the event of an emergency if the school is unable to reach you in a timely manner. Please be VERY accurate with this information.

1. Name: _____
Relationship to child: _____ Home Phone: _____
Business Phone: _____ Cell Phone: _____
2. Name: _____
Relationship to child: _____ Home Phone: _____
Business Phone: _____ Cell Phone: _____

PHYSICIAN INFORMATION

Name of Physician: _____ Phone: _____
Physician's Address: _____
Name of Dentist: _____ Phone: _____
Dentist's Address: _____
Hospital you prefer if needed: _____

I hereby give my permission to SonShiners Preschool to meet the needs of my child,
_____ **in the case of an emergency.**

Signature of Parent

Date

**SonShiners Preschool
CHILD HEALTH RECORD**

Name of Child: _____

MEDICAL HISTORY: (To be completed by parents)

1. Is the child allergic to anything? ____Yes ____ No
If yes, please specify _____

2. Is the child currently under a doctor's care? ____Yes ____ No
If yes, please specify _____

3. Is the child on any continuous medication? ____Yes ____ No
If yes, please specify _____

4. Any previous hospitalizations? ____Yes ____ No
If yes, please specify _____

5. Any history of significant diseases or recurrent illnesses? ____Yes ____ No
Diabetes? _____; Convulsions? _____; Heart trouble? _____
If other, please specify _____

6. Does the child have any physical disabilities? ____Yes ____ No
If other, please specify _____

7. Any mental disabilities? ____Yes ____ No
If other, please specify _____

Signature of Parent

Date

CHILD MEDICAL REPORT

Name of Child _____ Age _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Street

City

State/Zip

.....
PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician or his/her authorized agent, who is currently approved by the North Carolina Board of Medical Examiners.

Weight _____ Height _____ Heart _____ Chest _____

Throat _____ Neck _____ Abdomen _____

GU _____ Ext. _____ Neurological System _____

Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____

Results of Tuberculin Test, if given _____

type

results

Should activities be limited? _____

Recommendations: _____

Signature of physician or authorized agent that is currently

Date of Exam

Approved by the NC Board of Medical Examiners

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IMMUNIZATION HISTORY: The daycare operator must enter the date each immunization was received. G.S. 1030-90(B) requires all day care facilities to have this information on file.

VACCINE	DATE	DATE	DATE	DATE
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DPT _____

Td or Tetanus _____

Polio, oral _____

Rubella (measles) _____

HIB _____

.....
Doctor may attach his form on immunization

Please note that some classes may fill up before May 30. Preschool classes will be filled as completed applications and registration fees are received. Once classes are full, applicants will be contacted for the opportunity to be put on a waiting list in the chance that room becomes available.

Check to make sure you return:

All forms completed (pages 1-5 of the packet)
Attached Immunization Records and Child's Medical Report
\$75.00 Registration Fee if by May 30
\$100.00 Registration Fee after May 30

Tuition: Monthly Fee (SUBJECT TO CHANGE)

Monday – Friday \$223.00

Monday-Wednesday-Friday \$133.00

Tuesday-Thursday \$106.00

Toddler Time \$96.00

Return Completed Application to:

SonShiners Preschool
Theresa Baptist Church
3919 Chub Lake Rd
Roxboro, NC 27574