**SONSHINE CHRISTIAN PRESCHOOL**

**OFFICE ONLY:**

**Date: Rec’d: .**

**Check #:**

**Class: .**

**Registration Form 2021 – 2022**

**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): \_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

 **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  |  PHONE  | CELL 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 | PHONE | CELL PHONE | RELATIONSHIP TO CHILD |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERSONAL RECORD

Has your child had any experience in an organized group (school, daycare, sports, playgroup, etc.)? \_\_\_\_\_ Yes \_\_\_\_ No

 If yes, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How did your child handle this experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child adjust to new situations, new adults and new children?

What are your child’s interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special needs or allergies (please identify things that trigger reaction, be specific):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If so, how do you usually handle these with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any recent changes that may affect your child’s adjustment to preschool (birth/death, move, separation/divorce, etc.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child independent with bathroom self-help skills? \_\_\_\_Yes \_\_\_\_No

**I, the parent/guardian acknowledge I have**

* **Received complete written program information at the time of enrollment**
* **I agree to update the emergency contact/parental consent form information whenever changes occur and/or every 6 months at a minimum.**

Signature on this form indicates that I wish to enroll my child and have read, understand, and intend to comply with the Policies of SonShine Christian Preschool.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature – Program Director date Signature – Parent(Guardian) date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature – Parent(Guardian) date

Orientation Review (Initial & Date at parent orientation):

**6-Month Review/Signature: (Please review completed information/make changes and sign below when requested by SonShine at 6 months from enrollment).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature – Program Director date Signature – Parent(Guardian) date

Submit form along with a **$35.00** **non-refundable** registration fee to:

SonShine Christian Preschool

1015 Chambersburg Road, Gettysburg, PA 17325

717-334-2564