

REGISTRATION FORM 2015-2016

Date _____ # _____

Full Name of Child _____ Home Phone _____

Mailing Address _____

E-Mail Address _____

Birth Date _____ Child's Nickname _____

Sex _____ Religious Affiliation _____

Previous Preschool/Daycare Attended _____

Reason for leaving _____

Mother's Name _____ Work # _____ Employer _____

Father's Name _____ Work# _____ Employer _____

Cell telephone numbers where you can be reached in case of emergency _____

How did you hear about "Son" Shine Learning Center? _____

Please indicate 1st and 2nd choices for the following days of enrollment:

Nursery: 1 day (indicate day) _____ Tues/Thurs _____ Mon/Wed/Fri _____ Mon-Fri _____

Two's: Tues/Thurs. _____ Mon/Wed/Fri _____ Mon-Fri _____

Three's: Tues/Thurs _____ Mon/Wed/Fri _____ Mon-Fri _____

Four's: Monday-Thursday only _____

Four's: Monday-Friday only _____

Pre-K: Monday-Friday only _____

The registration fee is \$60.00 per child, \$90 for two children from the same family, and \$120.00 for three.

The registration fee is non-re-fundable and must be paid at time of registration to secure classroom assignment.

Emergency and Health Information

Child's Name _____ Birth date _____

Allergies or intolerance to food, medication, or environment and action to take in an emergency _____

List any medical/or other condition that we should be aware of or that may affect your child while at preschool _____

Has your child been tested/evaluated in the past for loss/delays in?

Hearing ? _____

Vision ? _____

Speech ? _____

Sensory Integrative Dysfunction ? _____

Please tell us about any therapy that your child is currently enrolled in _____

Have there been any changes in your child's life that would be helpful to our staff? _____

Child's Physician _____ Office# _____

Names and addresses of two people to contact if parents cannot be reached (must be local#).

1. _____ Phone _____

2. _____ Phone _____

Person(s) authorized to pick-up your child _____

Person(s) NOT authorized to pick-up your child _____

AGREEMENTS

1. "Son" Shine Learning Center agrees to notify the parent/Guardian whenever the child becomes ill.
2. The parent/guardian will arrange to have the child picked up as soon as possible if requested by the preschool director/teacher.
3. The parent/guardian will provide the preschool with a current telephone/cell number to be reached in case parent will be at other number than the listed number. Any numbers given will be from phones that are functional and turned to the 'on' position.
4. The parent/guardian authorizes "Son" Shine Learning Center to obtain immediate medical care at my expense if any emergency occurs when you cannot be reached immediately.
5. The parent/guardian agrees to promptly provide proof of birth and copy of child's immunization records.

Parent/Guardian Signature

Date

"Son" Shine Learning Center Director

Date

Medical Policy Name and Number _____