

**REGISTRATION FORM 2013-2014**

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 that you can be reached on in case of emergency \_\_\_\_\_

How did you hear about "Son" Shine Learning Center? \_\_\_\_\_

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> 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: Tues/Thurs \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon-Fri \_\_\_\_\_

Four's Mon-Thurs only \_\_\_\_\_

Pre-K: Monday-Thursday only \_\_\_\_\_

Fantastic Friday 5<sup>th</sup> day combination for children enrolled in Mon-Thur 4's or Pre-K \_\_\_\_\_

Photo release \_\_\_\_ (yes) \_\_\_\_ (no) \_\_\_\_\_ Parent signature \_\_\_\_\_

The registration fee for preschool is \$60.00 per child, \$90.00 for two children from the same family and \$120.00 for three children.

**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 Issues? \_\_\_\_\_

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*** \_\_\_\_\_

(If there is shared custody of child(ren) or single custody, please provide legal document)

**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 so 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 \_\_\_\_\_

**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 school \_\_\_\_\_  
\_\_\_\_\_.

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**

6. "Son" Shine Learning Center agrees to notify the parent/Guardian whenever the child becomes ill.
7. The parent/guardian will arrange to have the child picked up as soon as possible if so requested by the day school/preschool director/teacher.
8. The parent/guardian will provide "Son" Shine Learning Center 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 on.
9. 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.
10. The parent/guardian agrees to promptly provide proof of birth and copy of child's immunization records. All Kindergarten students will be required to have a Kindergarten physical prior to start of school.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
"Son" Shine Learning Center Director \_\_\_\_\_  
Date

Medical Policy Name and Number \_\_\_\_\_