



Registration Form – 2018-2019

Registration Procedures:

1. Fill out and return attached form with a \$30.00 (\$50.00 Family Max) Non Refundable Registration Fee. (Check/Money Order) MAKE CHECK PAYABLE TO: NWHC, Memo: Sonshine Preschool

2. DROP OFF/MAIL TO:

Sonshine Preschool
ATTN: Courtney J. Siefert
5206 E. Willock Road
Pgh, PA 15236

3. A welcome letter will be sent out in July 2018 with a 'Welcome Packet' pick-up date listed.

4. One Registration Form per child must be completed.

5. **CLASS SPOTS ARE AVAILABLE ON A FIRST COME, FIRST SERVE BASIS.** If your child does not receive a spot in the requested class, your cancelled check will be sent back to you with a letter of notification. If you do not hear from Sonshine then your child has a spot.

6. Registration opens to the public February 2nd, 2018 and remains open until all class spots are filled. Use main church entrance on Friday February 2nd to turn in forms.

7. Please feel free to contact Courtney J. Siefert with any additional questions:
csiefert@sonshinepreschoolpgh.com or 412-207-7216

8. Sonshine reserves the right to cancel any class that does not meet the required minimum number of students.

9. For additional information visit our website: www.sonshinepreschoolpgh.com



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Child's Name: (First, Last)	
Gender:	
D.O.B: (mm/dd/yyyy)	
Child's Nickname: (if different from above)	
Home Address:	
Preferred Email Address:	
Preferred Phone Number:	()
Parent/Guardian Name: (First, Last)	
Parent/Guardian Name: (First, Last)	

Please select one of the following

- Caterpillars 1 (age 2.5 by Sept. 1st) T/TH 9:30-11:30AM: \$810.00/year (\$90.00 per month, 9 months)**
- Caterpillars 2 (age 2.5 by Sept. 1st) T/TH 11:45-1:45PM: \$810.00/year (\$90.00 per month, 9 months)**
- Butterflies 1 (age 3 by Sept. 1st) M/W/F 9:15-11:45AM: \$1035.00 /year (\$115.00 per month, 9 months)**
- Butterflies 2 (age 3 by Sept. 1st) M/W/F 12:00PM-2:30PM: \$1035.00 /year (\$115.00 per month, 9 months)**
- Flowers: (age 4 by Sept 1st):**
 - Option 1: M/T/W/TH 9:00-12:00PM: \$1,215.00 per year (\$135.00 per month for 9 months)**
 - Option 2: M/T/W/TH 9:00-2:00PM: \$1,935 per year (\$215.00 per month for 9 months)**
 - Enrichment Fridays: (ages 3-5) 9:15A-11:45P (\$25.00/month)**
may be added onto any morning class

Are you a member of New Wine Harvest Church? Yes/No

Does your child (or sibling) currently attend Sonshine preschool? Yes/No

Place a check mark next to all statements that apply and sign below

	I agree to pay my child's tuition in one or nine installments on designated dates. First tuition payment is due September 1 st 2018. If paying full year tuition, the payment must be received NO LATER than September 1 st to receive the 3% discount.
	I agree to submit a health form for my child, completed by a physician, no later October 30 th , 2018.
	I give permission for Sonshine Preschool to contact my child's pediatrician, as well as police/paramedics in the case of an emergency.
	I give permission to distribute my preferred phone number on a class roster.
	I give permission to distribute my preferred email address on a class roster.
	I give permission to distribute my home address on a class roster.
	I give permission for authorized Sonshine Preschool Staff to take group/individual pictures of my child, to be used for educational purposes; i.e displaying within our building or displayed during a Sonshine Preschool event, i.e.; picture slideshows.
	I give permission for authorized Sonshine Preschool Staff to take group/individual video of my child, to be used for educational purposes; i.e displaying within our building or displayed during a Sonshine Preschool event, i.e.; picture slideshows.
	I give permission for authorized Sonshine Preschool Staff to take group/individual pictures/videotapes of my child, to be used for the Sonshine Preschool Website.
	I give permission for my student's pictures/videos to be posted on the SONSHINE Facebook Page.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

NOTES:

Non Discrimination Policy: Sonshine Preschool does not discriminate on basis of gender, race, color, national, ethnic or religious origin in admissions or administration of any policies or programs.

FOR OFFICE USE ONLY:

Tuition Total: _____

Registration Form Reviewed -Date __/__/__ _____

Registration Fee Received - Date __/__/__ _____

Information Packet Sent- Date __/__/__ _____