Sonshine Kids
Preschool Ministry

Parent Orientation Nights:
You may bring your supplies on this night. Students can meet their teacher.
Wednesday, August 28th at 7:00 P.M. or Thursday, August 29th at 7:00 P.M.
First Day of Classes: Tuesday, September 3, 2019

Application Process:

1. **Personalized Visit Including Your Student**
   8:45-9:15 for A.M. Session Or 12:45-1:15 for P.M. Session Mon.-Wed.
   Other times can be arranged with Mrs. Davinna Beale (317) 797-9472 (cell)
   after May 27th to August 15th please call Mrs. Rene Deeds (317)749-5727

2. **Return *forms and registration deposit fee (non refundable deposit)*:**
Sonshine Kids Preschool Ministry at P.O. Box 590, New Palestine, IN 46163.

3. **Please submit a copy of your child's immunization record before he/she attends.**

Monthly fee: $120 due the first week of school each month.
Discounted sibling monthly fee: $110
$90 of your registration fee will apply toward your May payment

Please like us on Facebook for updates such as supplies lists and start date reminders.

Your child will be placed in a class based on his/her age and birth date.

August 1, 2014 – April 30, 2015 birthdays will be in a PreKindergarten class.

May 1, 2015 – July 31, 2015 birthdays need to speak with Mrs. Beale for placement.

August 1, 2015-December 31, 2015 birthdays will be in the older 3s class "Fall Birthday 3s".

January 1, 2016- July 31, 2016 birthdays will be in the younger 3s class "Spring Semester Birthday 3s."

If you are interested in sending a child who is 2 ½ by August 1, please speak with Mrs. Beale. Students need to be potty trained so the teacher doesn't have to leave the rest of the class to help with the restroom or change student's clothes. This class will be offered as needed.

2019-2020 10th Anniversary Year

10 years of fun ministry to God's precious ones!

2019 – 2020

Registration Form

Date _____

Child's Full Name _____

Name Child Goes By _____ **DOB** _____ **Age of Child by August 1st** _____

Morning or Afternoon Class Preferred?: **A.M.** **P.M.** **either is fine**

Name of Father _____ **Occupation** _____

Name of Mother _____ **Occupation** _____

Are mother and father married? _____ **Who does the child reside with?** _____

Are there any custody issues we need to be aware of? _____

Contact #1 Name: _____ **Phone Number:** _____

Relationship to Child: _____

Contact #2 Name: _____ **Phone Number:** _____

Relationship to Child: _____

Child's Mailing Address _____

City _____ **State** _____ **Zip** _____

Email (primarily used for fee invoices) _____

Name and Address of Caregiver _____

Church You Attend _____

Names and Ages of Siblings _____

How did you find out about the preschool? _____

Family Doctor _____ **Phone** _____

Sonshine Kids must receive your child's immunization records which shows which immunizations they have received and the date they were received. *This must be turned in to the school prior to school starting!*

Sonshine Kids Preschool Use Only!

Teacher: _____AM or PM_____ Shot Records received: _____

Registration Fee Received: _____ All Papers Filled Out: _____

Permission Slip For Field Trips

And Use Of Child's Picture

Student's Name _____

Parent or Legal Guardian _____

Address _____

City_____ State _____ Zip _____

- I, the parent or legal guardian of the student listed above, certify that he/she has my full approval to participate in events. The student understands that he/she is expected to obey and be responsible to Sonshine Kids Preschool Ministry/sponsors for this event.
- I release and agree to hold blameless Community Christian Church and Sonshine Kids Preschool Ministry and its sponsors for any and every claim arising by reason of participating in this event.
- I authorize the **sponsors of this event to give consent to a physician and/or hospital for emergency medical or surgical treatment while participating in this event, including travel to and from the event. I agree to assume full financial responsibility for any expense that may be incurred for such emergency treatment.**

Signature _____ Date _____

What number can you be reached at in case of emergency? _____

In the event you cannot be reached:

Name _____ Phone _____

Use Of Child's Picture

I, the parent or legal guardian of the student listed above, certify that Sonshine Kids Preschool has my full approval to use my child's picture or likeness on bulletin boards in house, in newspaper press releases and marketing material for the school.

Signature _____Date _____

- I prefer my child's photo not to be on Facebook. (Please mention this to Mrs. Beale)
- I give permission for my child's photo to be on Facebook.

Health Policy/Allergy Information

Student's Name _____

List any foods your child should not be given:_____

Parent or Legal Guardian _____

List of All Known Allergies _____

List Any Medications Currently Taking _____

1. Provide the teacher a list of foods the student can have, before or by the first day.

2. You may need to send in your child's snack if the food allergy is milk or other very common products.

Please check your snack schedule dates for birthdays. Send in an alternative if he/she cannot have commonly purchased cake or cookies.

Detach and keep this reference at home:

The Health Department regulations prohibit the admittance of any child into a preschool or childcare that exhibits any of the following symptoms:

- **Fever (100 degrees or higher) – Child needs to be fever free for 24 hours WITHOUT the aid of medication.**
- **Diarrhea – Child must be symptom free for 24 hours WITHOUT the aid of medication.**
- **Vomiting – Child must be symptom free for 24 hours WITHOUT the aid of medication.**
- **Runny nose with colored discharge – Check with your doctor before bringing your child to school.**
- **Rash – Check with your doctor before bringing child to school.**
- **Discharge from eyes or ears – Check with your doctor before bringing child to school.**
- **Lice – Child needs to be treated and nits removed before bringing child to school.**
- **Communicable Diseases – Chicken pox, measles, mumps, conjunctivitis (pink eye), influenza, etc. The child may return when the incubation and contagious period has passed and the child is well enough to resume normal preschool activities.**

If your child is on antibiotics and he/she continues to be contagious for 24 hours after the first dose of medication, then he/she cannot return to preschool until this time period has passed.

Permission to Administer Medication Form

(Epi Pens & Nebulizers & Benadryl)

Parent must review procedures with the teacher and sign below when completed.

Student's Name _____

Parent or Legal Guardian _____

Medication Name _____

Directions on how to administer medication Epi Pens, etc

_____

_____

- **In the event of a bee sting, we will call the parent immediately. If the child seems to have trouble breathing we will give benadryl and call 911.**

Is your child allergic to Benadryl? Yes_____ No _____

Parent Signature _____ **Date** _____

Teacher Signature _____ **Date** _____

Child Care Regulations prohibits Sonshine Kids Preschool employees from giving your child medication of any kind unless you have filled out and signed a Permission to Administer Medication Form. All medication must be in original container.