



### **Parent Orientation Nights:**

**You may bring your supplies on this night. Students can meet their teachers.**

**Orientation Night: Thursday, August 12<sup>th</sup>**

**First Day of Classes: Monday, August 16<sup>th</sup>**

### **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 director(317) 797-9472 (cell)**

**Or call Mrs. Rene Deeds assistant director(317)749-5727 (cell)**

#### **2. Return forms and registration deposit fee \$100 (non refundable deposit):**

**Sonshine Kids Preschool Ministry at P.O. Box 590, New Palestine, IN 46163.**

•Extended Session forms will be sent to all PreK applicants. You may find extended session forms on the lower part of our website under the blue extended session tab.

#### **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, 2016 – April 30, 2017 birthdays will be in a PreKindergarten class.

May 1, 2017 – July 31, 2017 birthdays need to speak with Mrs. Beale for placement.

August 1, 2017-December 31, 2017 birthdays will be in the older 3s class "Fall Birthday 3s".

January 1, 2018- July 31, 2018 birthdays will be in the younger 3s class "Spring Semester Birthday 3s."

If you are interested in sending a child who is 2 3/4 by August 1 (turning 3 in August, September or possibly October), 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.

***11 years of fun ministry to God's precious ones!***



# 2021- 2022 Registration Form

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name Child Goes By \_\_\_\_\_ DOB \_\_\_\_\_ Age of Child by August 1<sup>st</sup> \_\_\_\_\_

Morning or Afternoon Class Preferred?: A.M. P.M either is fine Extended Session (PreK/older 3s)

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!**

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## 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 prefer my child's photo not to be used in any way.* (Please speak with Mrs. Beale)

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

\_\_\_ on the closed class facebook page (you will need to subscribe and be approved to see the postings on this sight.)

Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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.

**Health & Safety:** Due to Covid, please keep your child home if he/she has excessive nasal discharge, even if it is allergies. Speak with your teacher if you have questions. 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.