



Parent Orientation Nights:

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

Orientation Nights: Wednesday, August 16th, 2023 7:00 p.m.

Or Thursday, August 17th 2023 7:00 p.m.

First Day of Classes: Monday, August 21st, 2023

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): Sunshine 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: \$130/month due the 15th of each school each month.

Discounted sibling monthly fee: \$120/month due the 15th of each school each month.

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, 2018 – April 30, 2019 birthdays will be in a PreKindergarten class.

May 1, 2019 – July 31, 2019 birthdays need to speak with Mrs. Beale for placement

August 1, 2019-December 31, 2019 birthdays will be in the older 3s class "Fall Birthday 3s".

January 1, 2020- July 31, 2020 birthdays will be in the younger 3s class "Spring Semester Birthday 3s."

If you are interested in sending a child who will be 3 August 1-September 15, please speak with Mrs. Beale.

These very young students will only be able to attend if space is available. 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.

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



2023- 2024

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 AM Extended Session: Yes No

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 if person is not a parent: _____

Contact #2 Name: _____ Phone Number: _____

Relationship to Child if person is not a parent: _____

Child's Mailing Address _____

City _____ State _____ Zip _____

Email (used for fee invoices) _____

Name and Address of Caregiver/Pick Up Person: _____

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 amt: _____ received or invoiced date _____ All Papers Filled Out: _____

Registration Received Letter sent (date) _____ Allergies Yes No Teacher initials/check off _____



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 Community Christian Church, Sonshine Kids Preschool Ministry, and its sponsors blameless 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?

Emergency contact #2:

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/if more than one, please communicate with teacher before orientation night submitting a list of foods in writing: _____

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 contact your teacher before or on orientation night regarding snack time.**

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** – Get the discharge under control before returning 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 Epi Pens & Nebulizers & Benadryl

If your child has an epi pen, the 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

Date the parent and teacher reviewed specific procedures for the student: _____

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.