



Thank you for requesting information about Sonshine Kids Preschool Ministry. Enclosed in this packet you will find the necessary forms to enrol your child.

Please return the attached forms and registration fee to Sonshine Kids Preschool Ministry at P.O. Box 590, New Palestine, IN 46163.

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

A monthly fee of \$115 will be due the first week of school each month. A discounted sibling monthly fee will be \$105. \$90 of your registration fee will apply toward August.

Call for a personalized visit 8:45-9:15 for A.M. session

Or 12:45-1:15 for P.M. session

Or other times can be arranged with Mrs. Beale

We have a limited number of students we can register, so please register early to guarantee your child's place. If you have any questions, feel free to call Mrs. Beale, (317) 797-9472 (cell), any time.

Please like us on Facebook pages.

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

August 1, 2013 – April 30, 2014 birthdays will be in a PreKindergarten class.

May 1, 2014 – July 31, 2014 birthdays need to speak with Mrs. Beale for placement.

August 1, 2014-December 31, 2014 birthdays will be in the older 3s class "Fall Birthday 3s".

January 1, 2015- July 31, 2015 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. This class will be offered as needed.

Thank you for your interest. We are looking forward to another great year!



2018 – 2019 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 talk 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 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.