

CLASS PREFERENCE

- 3 Year Old Morning Class (Tues. & Thurs.)
- 3 Year Old Full Day Class (Tues. & Thurs.)
- 4 Year Old Morning Class (M. W. F.)
- 4 Year Old Full Day Class (M. W. F.)
- 5 Year Old Morning Class (M - F.)
- 5 Year Old Full Day Class (M - F.)
- Lunch Bunch: M T W TH F (circle days)

STUDENT INFORMATION

Full Name: _____ Name to be used on name tags: _____
 Age: _____ Sex: _____ Birth Date: _____ Has this child previously attended SonShine Preschool? _____
 Church Affiliation: _____ Has a sibling attended? _____ Year(s): _____

PARENT INFORMATION

Father's Name: _____ Home Phone (____)_____ E-Mail Address: _____
 Father's Address: _____ City/State: _____ Zip: _____
 Father's Occupation: _____ Employer: _____ Phone (____)_____
 Mother's Name: _____ Home Phone (____)_____ E-Mail Address: _____
 Mother's Address: _____ City/State: _____ Zip: _____
 Mother's Occupation: _____ Employer: _____ Phone (____)_____

FAMILY INFORMATION

List ALL persons (including parents) living in the household.		
NAME	AGE (IF SIBLING)	RELATIONSHIP TO CHILD

EMERGENCY NUMBERS

Please list at least four emergency contacts (including parents) in the order in which you prefer calls to be made.			
NAME	PHONE	CELL PHONE	RELATIONSHIP TO CHILD

AUTHORIZED DRIVERS

No child will be allowed to leave the school with any individual that has not been cleared by the parent.
 Please list any person who may be picking up your child from school (include parents if applicable).

NAME	PHONE	CELL PHONE	RELATIONSHIP TO CHILD

Child's Name: _____

PERSONAL RECORD

Has your child had any experience in an organized group (school, daycare, sports, playgroup, etc.)? ____ Yes ____ No

If yes, briefly describe: _____

How did your child handle this experience? _____

How does your child adjust to...

New situations? _____

New adults? _____

New children? _____

What are your child's interests? _____

What are the ages of your child's playmates? _____ What pets are in your home? _____

Does your child have asthma or allergies (please identify things that trigger reaction, be specific): _____

Does your child have any specific fears? _____

If so, how do you usually handle these with your child? _____

Have there been any recent changes that may affect your child's adjustment to preschool (birth/death, move, separation/divorce, etc.)? _____

Are there any extended family members that your child may refer to in school (step-relatives, half-siblings, "adopted grandparents, etc.)? _____

What problems, if any, do you anticipate at the beginning of the school year? _____

Is your child independent with bathroom self-help skills? ____ Yes ____ No

ADDITIONAL INFORMATION

Does any family member have an occupation or hobby that they would be willing to share with the class? ____ Yes ____ No

If yes, please specify: _____

It is the parents' responsibility to notify the school in writing if any information on this form should change during the school year. Current information is essential to the welfare of your child.

Our signature on this form indicates that we wish to enroll our child and have read, understand, and intend to comply with the Operational Policy of SonShine Christian Preschool.

Mother (Guardian)

date

Father (Guardian)

date

Please include a \$35.00 non-refundable registration fee with the registration form.
Fees should be in the form of check or money order, payable to SonShine Preschool.

Please Submit form and payment to SonShine Christian Preschool, 1015 Chambersburg Rd., Gettysburg, PA 17325

FOR PRESCHOOL ONLY: Date Approved _____ Amount Paid _____ Check # _____