

**Sonshine Days Preschool
Registration Form
Red Bank United Methodist Church**

Today's Date _____

Child's Name _____

Birthday _____ Age today _____

Parents or Guardians _____

Home Telephone # _____

Other Phone #s _____

Email _____

Home Address _____

2 years old turning 3 by 12/01/11 _____

Potty proficient _____

3 years old by 9/01/11 _____

4 years old by 9/01/11 _____

Registration Fee Pd _____

Cash _____ or Check # _____

Security Tuition Fee Pd _____

Cash _____ or Check # _____

½ Supply Fee Pd _____

Cash _____ or Check # _____

½ Supply Fee Pd _____

Cash _____ or Check # _____

Sonshine Days Preschool

Consent and Contact Form

This form must be completed and signed by the child's parent or legal guardian.

Child's Name _____ SS# _____

In the event that the above named child is injured or ill, I understand that his/her care provider will attempt to contact me, the other parent, or legal guardian at the phone number provided here.

<u>Parent's (guardian's) phone number</u>	<u>Days/Times to Use</u>
_____	_____
_____	_____
_____	_____

Other Emergency Numbers

Name _____	Relation _____	Phone # _____
_____	_____	_____

In a Medical Emergency call Dr _____
Phone # _____ Chart # _____

In the event that I or the others listed above are not available I give my permission to Sonshine Days Preschool of Red Bank UMC to provide first aid to the above named child and to take the appropriate measures including contacting emergency medical services (EMS) and arranging for transportation to the nearest hospital or emergency medical facility. At no time will the care provider drive an ill or injured child to and emergency facility without the accompaniment of another adult. I am aware that in some case immediate medical attention is necessary. If I cannot be contacted, the staff has my permission to use their judgment in such matters.

Signature _____ Date _____
Child's Insurance _____ Policy # _____
Insured's Name _____ Date of last tetanus _____ DPT Test _____

*****Does your child have any medical conditions we should be aware of (allergies, heart conditions, asthma, etc.) or special needs we should know about? Please include any food allergies as well.**

***** Describe on the back of this form *****

Sonshine Days Preschool
Child Information Form

Name _____ Birthday _____

Siblings _____

Parents _____

OPTIONAL: In order to be sensitive to your child's feelings, we would like to ask your marital status.

married divorced separated remarried never married (circle one)

Additional family information teachers should know

Comments or concerns you may have about your child's school, educational, emotional and/or spiritual development

Regarding speech, can you understand most of what your child says? _____

What toys does your child enjoy playing with the most? _____

What activities is your child most interested in? _____

Does your family attend church? If so, where? _____

Please describe your child's personality _____

Has your child ever gone to school or been away from you for long periods of time? _____

What do you hope Sonshine Days will give to your child? _____

