



Sonshine Kids Preschool Flower Mound United Methodist Church Registration Packet 2026-2027

Registration is on a first come, first served basis. You must bring the completed packet (except Health Information Form), with the registration fee, supply fee and May 2027 tuition. **Payments can be made with check payable to FMUMC or paid online through ProCare. Spots will not be held for families without Registration fee, Supply fee and May 2027 tuition paid.** (Returning families – May 2027 tuition is due May 15, 2026) The Health Information Form with Immunization Record (for all students) and Hearing & Vision (age 4+) is **DUE** no later than **August 7, 2026. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

****All students entering the Preschool/PreK Programs must be fully potty trained and independent in the bathroom.****

STUDENT NAME: _____

Check the box to the left of the program of choice below:

	Program		Registration	Supply Fee (Fall & Spring)	Monthly Tuition	Total Due at Registration	
<input type="checkbox"/>	Toddlers-2d	18 months by Sept 1, 2026	Tuesday & Thursday 9:00 - 2:00	\$100	\$100	\$275	\$475
<input type="checkbox"/>	Toddlers-3d	18 months by Sept 1, 2026	Tuesday-Thursday 9:00 - 2:00	\$100	\$125	\$350	\$575
<input type="checkbox"/>	Early Preschool	2 years by Sept 1, 2026	Tuesday-Thursday 9:00 - 2:00	\$100	\$125	\$350	\$575
<input type="checkbox"/>	Preschool-3d	3 years by Sept 1, 2026	Tuesday-Thursday 9:00 - 2:00	\$100	\$125	\$350	\$575
<input type="checkbox"/>	Preschool-4d	3 years by Sept 1, 2026	Monday-Thursday 9:00 - 2:00	\$100	\$175	\$425	\$700
<input type="checkbox"/>	PreK-3d	4 years by Sept 1, 2026	Tuesday-Thursday 9:00 - 2:00	\$100	\$125	\$350	\$575
<input type="checkbox"/>	PreK-4d		Tuesday-Friday 9:00 - 2:00	\$100	\$175	\$425	\$700
<input type="checkbox"/>	PreK-5d		Monday-Friday 9:00 - 2:00	\$100	\$175	\$500	\$775
<input type="checkbox"/>	Kinder	5 by Sept 1, 2026	Monday-Friday 9:00 - 2:00	\$100	\$175	\$500	\$775

****Sibling discount of 10% will be applied to the oldest child's monthly tuition. Registration and Supply fees are not discounted. One discount per family.**

If referred by a Sonshine Kids Family, please list their family's name _____

FOR OFFICE USE, ONLY:

Time Stamp: Received on _____ Time _____

Class:
T _____ EP _____ PS _____ PK _____ K _____

Reg Fee \$ _____ PC/ck # _____ date pd _____

Supply Fee \$ _____ PC/ck # _____ date pd _____

Days Attending:
M _____ T _____ W _____ Th _____ F _____

May tuition \$ _____ PC/ck # _____ date pd _____

Check Total \$ _____

Class Assigned: _____

Received by: _____



**Sonshine Kids Preschool
Flower Mound United Methodist Church
REGISTRATION FORM 2026-2027**

STUDENT INFORMATION				
Child's Full Name		Child's Date of Birth	Child's Age on 9/1/26	
Child's Home Address (Including city, state, and zip code)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Previous School Attended	
Child lives with: Both Parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
PARENT INFORMATION				
Father's Name		Driver's License Number	Cell phone number	Home phone number
Address (If different from child's address) (Including city, state, and zip code)			Email	
Father's Employer: _____				
Mother's Name		Driver's License Number	Cell phone number	Home phone number
Address (If different from child's address) (Including city, state, and zip code)			Email	
Mother's Employer: _____				
Parent's marital status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Widowed <input type="checkbox"/>				
If divorced, please give the name and address (including city, state, and zip code) and phone of the non-custodial parent:				
Name: _____				
Address			Phone: _____	
Does this person have permission to claim the child at school? Yes <input type="checkbox"/> *No <input type="checkbox"/> *If "No", court documents will need to be on file stating such.				
EMERGENCY CONTACT: Give the name, address (including city, state, & zip code), and phone number of the responsible individual to call in case of an emergency if the parent/guardian cannot be reached. By giving the name(s) below I hereby authorize Sonshine Kids Preschool to call the following persons only in an emergency when the parent/guardian cannot be reached.				
Name	Address (including city, state & zip code)	Driver's License Number	Phone Number	Relationship
AUTHORIZED PICK-UP: I authorize Sonshine Kids Preschool to release my child to leave the school only with the following persons. Please list the name and telephone number for each individual listed below (ex: friend, carpool pick-up, neighbor). Children will only be release to a parent or guardian or to the person(s) designated by the parent/guardian after verification of ID.				
Name	Address (including city, state & zip code)	Driver's License Number	Phone Number	Relationship
RELIGIOUS PREFERENCE				
Are you a member of a church? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, name of church: _____		Would you be interested in learning more about Flower Mound UMC? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature – Parent or Legal Guardian

Date



**Sonshine Kids Preschool
Flower Mound United Methodist Church
REGISTRATION FORM 2026-2027**

STUDENT'S NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility: <input type="checkbox"/> TX Health Presbyterian Flower Mound <input type="checkbox"/> Other _____	Address: <input type="checkbox"/> TX Health Presby – 4400 Long Prairie Rd, Flower Mound 75028 <input type="checkbox"/> Other _____	Phone Number: <input type="checkbox"/> 469-322-7000 <input type="checkbox"/> Other _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____ **Signature - Parent or Legal Guardian**

MEDICAL – LIABILITY RELEASE

Every activity sponsored by Sonshine Kids Preschool is adequately supervised; however, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards in related activities. You also agree not to hold Sonshine Kids Preschool or Flower Mound United Methodist Church, its employees, and volunteers liable for damages, losses or injuries to the personal property undersigned. This signature is for both medical and liability Release.

Insurance Company	Policy Number
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_____ **Signature – Parent or Legal Guardian** _____ **Date**

Child's Special Care Needs (Required Information by DFPS)
Check all that apply:

Environmental allergies Food intolerances Limitations or restrictions on child's activities
 Previous serious illness Existing illness Injuries and hospitalizations (past 12 months)
 Reasonable accommodations or modifications Symptoms or indications of complications
 Adaptive equipment (include instructions below) Other: _____
 Medications prescribed for continuous long-term use

*If you checked **YES** to any of the above questions, there must be an Emergency Action Plan filled out by the child's physician and kept on file with this form and along with medication necessary to be kept at Sonshine Kids Preschool.

Explain any needs selected above: _____

My child does not have any special care needs

_____ **Signature – Parent or Legal Guardian** _____ **Date**

WATER ACTIVITY CONSENT

I hereby give consent for my child to participate in water activities such as splashing/wading pools, water table play, etc.

Yes No

_____ **Signature – Parent or Legal Guardian** _____ **Date**



**Sonshine Kids Preschool
Flower Mound United Methodist Church
Health Information Form 2026-2027**

PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. IT IS DUE BACK WITH CURRENT IMMUNIZATION OR STATE AFFIDAVIT NO LATER THAN AUGUST 7, 2026 IN ORDER FOR YOUR CHILD TO START SCHOOL.

STUDENT'S NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

PHYSICIAN SIGNATURE

One of the following must be checked below before your child can attend Sonshine Kids:

- PHYSICIAN'S STATEMENT:** I have examined this child within the past year and find that she/he is able to participate in Sonshine Kids Preschool and Kindergarten program and activities.

Physician's Signature _____ **Date** _____

- A signed and dated copy of a physician's statement is attached
- My child has previously been enrolled at Sonshine Kids and has a current health statement (within one year of child's last well check) on file. I will submit a new health statement no later than **one week after my child's birthday.**
- A notarized affidavit is provided by the child's parent stating: that medical diagnosis & treatment conflict with the tenets and practices of a recognized religious organization of which the parent is adherent or member.

IF THIS IS YOUR CHILD'S FIRST YEAR ATTENDING SONSHINE KIDS AND YOU DO NOT HAVE ANY OF THE ABOVE:

- Parent Statement: My child has been examined within the past year by a physician and is able to participate in this program. **I will obtain a physician's signed statement and will submit it to Sonshine Kids within 1 month of the date of admission.**

Parent Signature _____ Date _____

IMMUNIZATION RECORD *(Immunizations must be turned in BEFORE your child may start school as stated in minimum standards section 746.613 What immunizations are children in my care required to have?)*

- I have provided Sonshine Kids with the attached copy of my child's most recent immunization record
- I have provided Sonshine Kids with a copy of a State Affidavit of Exemption or have a State Affidavit already on file with Sonshine Kids

Parent Signature _____ Date _____

HEARING & VISION SCREENING *(required for children 4 years old and older)*

VISION		Pass	Fail
Right Eye	20/		
Left Eye	20/		

Screener Signature: _____ DATE: _____

HEARING	1000Hz	2000Hz	4000Hz	Pass	Fail
Right Ear					
Left Ear					

Screener Signature: _____ DATE: _____



**Sonshine Kids Preschool
Flower Mound United Methodist Church
TUITION AND REQUIRED FEES
AGREEMENT 2026-2027**

I understand and agree to the following fees and tuition payment schedule:

- Registration fee, fall supply fee and May 2027 tuition are due at the time of registration and are non-refundable. (Returning families – May 2027 tuition is due May 15, 2026)
- May 2027 tuition is due in advance at registration for newly enrolled families and no later than May 15, 2026 for returning families. May 2027 tuition fees are non-refundable.
- In the event of withdrawal, I agree to give Sonshine Kids a 30-day notice. In the event less than 30 days notice is given, I understand that I must pay that month’s tuition in full. I further understand the May 2027 tuition will not be applied toward any other month’s tuition and is non-refundable.
- Tuition and fees will not be prorated for any reason and are due August through April.
- Spring supply fee is due January 15, 2027.
- Tuition is due on the first day of each month for the current month. **If tuition is not paid by the 5th of the month, it is considered late and a late fee of \$5.00 per day will be assessed to your child’s account until payment in full is received.**
- Checks returned for insufficient funds will have a fee of \$30.00 posted to your child’s account.
- 10% Sibling discount will be applied to the oldest child’s monthly tuition (one discount per family). Please list all siblings attending Sonshine Kids Preschool during the 2026-2027 school year:

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****All students entering the Preschool/PreK Programs must be fully potty trained & independent in the bathroom.****

I further acknowledge that all fees and tuition payments have been explained in full. I hereby agree to enroll my child, _____, in Sonshine Kids Preschool at Flower Mound United Methodist Church and to pay the tuition and fees associated with the class checked above.

Signature – Parent or Legal Guardian

Date

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature – Parent or Legal Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



Fees and Tuition Parent Page 2026-2027 (Keep for your Records)

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