

# MIDLOTHIAN CHURCH OF CHRST SONSHINE PRESCHOOL

Office Use Only:
Reg. Fee Paid: _____
Date Registered: _____
Class Assignment: _____

**Child's Full Name** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

**Address** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Sex** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Present Age** \_\_\_\_\_ **Allergies?** \_\_\_\_\_

*\*\*If your child will be 5 years old by September 1st, 2022 do you plan on sending him/her to Kindergarten the following year? Yes No*

How did you hear about Sunshine Preschool? \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Employed By** \_\_\_\_\_ **Employed By** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Church Affiliation** \_\_\_\_\_

**Siblings Name and Ages** \_\_\_\_\_

## THE FOLLOWING HAVE MY PERMISSION TO PICK UP MY CHILD FROM SONSHINEPRESCHOOL (Name & Phone)

Please list name and phone number of persons who have permission to pick up your child from Sunshine Preschool. In case of an emergency and we are not able to reach a parent, the persons listed below will be contacted. They should be readily available and willing to pick up your child while sick.

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

## PLEASE CIRCLE WHICH DAY OR DAYS YOU WISH TO ENFORLL YOUR CHILD **Monday** **Thursday** **Both**

Tuition for Midlothian Church of Christ's Sonshine Preschool is \$15.00 per child per day, \$13.00 per sibling. (NO CREDIT FOR ABSENCES.) There is a \$25.00 non-refundable registration fee that will reserve and hold your child's spot. Until the signed forms and \$25.00 registration fee are returned, we will not reserve your child's placement. I have read the preceding paragraph and agree to pay the charges mentioned therein.

**Parent or Guardian's Signature:** \_\_\_\_\_

## INFORMATION THAT WILL HELP US BETTER UNDERSTAND YOUR CHILD:

Emotional Behavior: Does your child cry easily, is he/she shy or overly aggressive, show fears? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ If not, is he working on it and in pull-ups? \_\_\_\_\_

Behavior habits: (thumb sucking, etc.) \_\_\_\_\_

List participation in group activities: Sunday School, playgroups, recreational sports, other mothers' day outs, or babysitters. \_\_\_\_\_

**MIDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL  
HEALTH RECORD**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

List any:

Known Allergies (including medications): \_\_\_\_\_

Serious Illnesses: \_\_\_\_\_

Daily medications we need to know about: \_\_\_\_\_

Anything else you thin we should know: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE TAKE MY CHILD TO:**

DR. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Insurance Co. Name \_\_\_\_\_

Group Policy Number \_\_\_\_\_ Member Number \_\_\_\_\_

If this doctor cannot be reached, I authorize Sonshine Preschool to refer my child to a doctor who is available. I give my consent for all medical care prescribed by a licensed physician under whatever condition necessary to preserve the life of my child. It is understood that Sonshine Preschool or its representative does not assume any financial responsibility or any expense that might be incurred for said emergency treatment. If this information or the health of my child changes, I hereby waive and release any and all rights and claims for damages I may hereafter have against Midlothian Church of Christ or their instructors or authorized representatives for any injury or illness incurred while my child is in their care.

SIGNATURE OF PARENT OR GUARIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Please return with an updated copy of your child's current shot records.**

**FIELD TRIP PERMISSION FORM**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give my permission for my child to participate in any field trip Sonshine Preschool takes in this school year. I, the parent or the guardian, assume full responsibility for my child. In case of sickness or accident: Sonshine Preschool nor the Midlothian Church of Christ, nor any individual sponsor or employee shall in any way be held liable for any sickness or injury incurred at any time from the time that my child, arrives at the church building or on any activity of the group. Every reasonable precaution will be taken by Sonshine Preschool and Midlothian Church of Christ, as well as any individual sponsors and employees, to insure good health and prevent accidents.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

**PLAYGROUND PERMISSION FORM**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give my consent to allow my child to use the playground facilities at Midlothian Church of Christ. In case of an accident: Sonshine Preschool nor the Midlothian Church of Christ, nor any individual sponsor or employee shall in any way be held liable for any injury incurred while using the playground. Every precaution will be taken by Sonshine Preschool and the Midlothian Church of Christ, as well as any individual sponsors and employers, to insure good health and prevent accidents. I being in agreement with and accepting these policies, I give my permission for my child to sue the playground. I, the parent or guardian, assume full responsibility for my child.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO AND MEDIA RELEASE**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give Sonshine Preschool and the Midlothian Church of Christ permission for my child to be photographed at Sonshine Preschool. I understand that these photos will be used in my child's end of the year scrapbook and video.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give Sonshine Preschool and the Midlothian Church of Christ permission to publish pictures of my child on their website and Facebook page.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL HEALTH GUIDELINES**

For the protection and well being of all students, we ask that your child not be sent to school until he/she has been free from any of the following symptoms for 24 hours: *Fever of 100 or above, vomiting, diarrhea, undetermined rash over any part of the body, presence of lice or nits on hair shaft, red eye with watering or crusting, or suspected contagious disease.* If your child has a suspected contagious disease, please inform the school as soon as possible.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_