

# SonShiners Preschool

## Registration Packet



**Theresa Baptist Church**

**3919 Chub Lake Rd**

**Roxboro, NC 27574**

**(336) 599-0635**



*We will not hide these truths from our children,  
Telling the next generation about the glorious deeds of the LORD,  
about his power and his mighty wonders.  
Psalm 78:4*

Dear Parents,

On behalf of the preschool board and staff, I would like to thank you for your interest in SonShiners Preschool. We are excited about the opportunity to serve your child and your family. Along with this letter you will find a registration packet for our one, two, three, and four-year-old classes and a 2023-2024 SonShiners Preschool Brochure. This brochure will answer many of the questions you may have regarding our preschool operation. If you would like more information, have further questions or would like to set up a time to tour the preschool prior to submitting the application, please give me a call at 33-599-0635 or 336-597-4837. I would be happy to answer any questions you may have and help you get acquainted with our school.

The Registration Packet Includes:

**Page 1 - Application for Admission Page**

**4 - Child Health Record**

**Page 2 – Authorization to Pick Up**

**Page 3 -Medical Emergency Information Page**

**5 - Child Medical Report**

Preschool classes will be filled first with current preschool students and their siblings and then in the order that completed applications and registration fees are received. Once classes are full, applicants will be contacted for the opportunity to be put on a waiting list in the chance that room becomes available.

To register your child, please complete the registration forms on **pages one, two, three, four and five**, and return them along with the **\$75.00 registration fee by May 30. Please note after May 30 the registration fee is \$100.00.** Checks should be made payable to “SonShiners Preschool.” Page five, the Child Medical Report, must be completed by your child’s physician and should be turned in to the school as soon as possible. **All five pages of the registration packet must be completed and turned in before your child can attend school.**

Registered students will receive a welcome letter in August. This letter will include dates and times for parent and student orientations as well as details about your child’s class.

I look forward to hearing back from you and getting to know you!

Sincerely,

Wendi Gentry, Director

# SonShiners Preschool

## Application for Admission

Please register my child for:  
2023 – 2024 School Year

Packet needs to be completed and returned to SonShiners Preschool.  
\$75.00 Registration Fee must be paid before it can be processed.

Toddler Time, 1 year old, Tues /Thurs class	
Two-year-old, Mon/Wed /Fri class	
Three-year-old Class Mon/Wed/Fri class	
Three-year-old, Tue/Thurs (2days) class	
Three-year-old, Mon – Fri (5days) class	
Four-year-old, Mon/Wed/Fri (3days) class	
Four-year-old, Tue/Thurs (2days) class	
Four-year-old, Mon – Fri (5days) class	

### General Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Current Age of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Email Contact: \_\_\_\_\_

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Place of Business: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Place of Business: \_\_\_\_\_

Student's Siblings Names	Age	Gender	School	Grade
_____	_____	M or F	_____	_____
_____	_____	M or F	_____	_____
_____	_____	M or F	_____	_____

## AUTHORIZATION TO PICK UP

The following adults have parental authorization to pick up \_\_\_\_\_(child) from SonShiners Preschool without any other written or verbal approval.

Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**SonShiners Preschool**  
**MEDICAL EMERGENCY INFORMATION**

(MAKE SURE THAT ALL INFORMATION PROVIDED IS KEPT CURRENT)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of an emergency situation, parents can be reached at the following:

Mother—place: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Father—place: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Please give us the name, address, and contact numbers of two people who could act on the parents' behalf in the event of an emergency if the school is unable to reach you in a timely manner. Please be VERY accurate with this information.**

1. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_  
Hospital you prefer if needed: \_\_\_\_\_

**I hereby give my permission to SonShiners Preschool to meet the needs of my child,**  
\_\_\_\_\_ **in the case of an emergency.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**SonShiners Preschool  
CHILD HEALTH RECORD**

Name of Child: \_\_\_\_\_

**MEDICAL HISTORY: (To be completed by parents)**

1. Is the child allergic to anything? \_\_\_\_Yes \_\_\_\_ No  
If yes, please specify \_\_\_\_\_

2. Is the child currently under a doctor's care? \_\_\_\_Yes \_\_\_\_ No  
If yes, please specify \_\_\_\_\_

3. Is the child on any continuous medication? \_\_\_\_Yes \_\_\_\_ No  
If yes, please specify \_\_\_\_\_

4. Any previous hospitalizations? \_\_\_\_Yes \_\_\_\_ No  
If yes, please specify \_\_\_\_\_

5. Any history of significant diseases or recurrent illnesses? \_\_\_\_Yes \_\_\_\_ No  
Diabetes? \_\_\_\_\_; Convulsions? \_\_\_\_\_; Heart trouble? \_\_\_\_\_  
If other, please specify \_\_\_\_\_  
\_\_\_\_\_

6. Does the child have any physical disabilities? \_\_\_\_Yes \_\_\_\_ No  
If other, please specify \_\_\_\_\_

7. Any mental disabilities? \_\_\_\_Yes \_\_\_\_ No  
If other, please specify \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# CHILD MEDICAL REPORT

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

Street

City

State/Zip

.....  
**PHYSICAL EXAMINATION:** This examination must be completed and signed by a licensed physician or his/her authorized agent, who is currently approved by the North Carolina Board of Medical Examiners.

Weight \_\_\_\_\_ Height \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_

Throat \_\_\_\_\_ Neck \_\_\_\_\_ Abdomen \_\_\_\_\_

GU \_\_\_\_\_ Ext. \_\_\_\_\_ Neurological System \_\_\_\_\_

Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Results of Tuberculin Test, if given \_\_\_\_\_

type

results

Should activities be limited? \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician or authorized agent that is currently

\_\_\_\_\_  
Date of Exam

Approved by the NC Board of Medical Examiners

.....  
**IMMUNIZATION HISTORY:** The daycare operator must enter the date each immunization was received. G.S. 1030-90(B) requires all day care facilities to have this information on file.

VACCINE	DATE	DATE	DATE	DATE
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DPT \_\_\_\_\_

Td or Tetanus \_\_\_\_\_

Polio, oral \_\_\_\_\_

Rubella (measles) \_\_\_\_\_

HIB \_\_\_\_\_

.....  
Doctor may attach his form on immunization

**Please note that some classes may fill up before May 30. Preschool classes will be filled as completed applications and registration fees are received. Once classes are full, applicants will be contacted for the opportunity to be put on a waiting list in the chance that room becomes available.**

**Check to make sure you return:**

All forms completed (pages 1-5 of the packet)  
Attached Immunization Records and Child's Medical Report  
\$75.00 Registration Fee if by May 30  
\$100.00 Registration Fee after May 30

Tuition: Monthly Fee  
Monday – Friday \$210.00  
Monday-Wednesday-Friday \$125.00  
Tuesday-Thursday \$100.00  
Toddler Time \$90.00

**Return Completed Application to:**

SonShiners Preschool  
Theresa Baptist Church  
3919 Chub Lake Rd  
Roxboro, NC 27574