SonShiners Preschool
Summer 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 Summer Program. 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 two, three, four and five year old combination classes for 2018. 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
Page 2 - Medical Emergency Information Page
3 - Child Health Record
4 - 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 and four** and return them along with the **$170.00 summer fee by May 30. Please note after May 30 the summer fee is $190.00.** Checks should be made payable to "SonShiners Preschool." Page four, 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 four pages of the registration packet must be completed and turned in before your child can attend school.**

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

Sincerely,

Wendi Gentry, Director

SonShiners Summer School Application

General Information

My child _____ will be attending summer school.

Child's Name:_____ Date of Birth:_____

Home Address: _____

City: _____ Zip Code: _____

Home Phone:_____

Family Information

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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 Number: _____

Name:_____ Contact Number: _____

Name:_____ Contact Number: _____

Name:_____ Contact Number: _____

Application Returned _____ Tuition Paid _____

Pay Method_____

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 or 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 Approved by the NC Board of Medical Examiners — Date of Exam

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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
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. Summer 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 1-4 of the packet)
Attached Immunization Records
Summer fee if by May 30th $170.00
After May 30th $190.00

Return Completed Application to:

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