

For office use only: First Day _____ Last Day _____ Age group _____ Days _____

Date and time application received _____ a.m. p.m.

Registration/Supply Fee (1st payment) _____ / _____ / _____
Amount Date Check, Receipt #, or CC app code

Registration/Supply Fee (2nd payment) _____ / _____ / _____
Amount Date Check, Receipt #, or CC app code

Sonshine School Application for Admission 2024-2025

Child's Name _____ Gender _____ Age _____ Date of Birth _____
First Middle Last M/F As of date of application

Address _____ Home Phone _____
Street Box # Apt # City State Zip

Parent(s), Guardian(s), or Conservator(s) who reside with child:

Parent's Name _____ Relationship to child _____

Email _____ Cell Phone _____

Employer _____ Work phone _____
Name Address

Parent's Name _____ Relationship to child _____

Email _____ Cell Phone _____

Email _____ Work Phone _____
Name Address

If parents are divorced or separated, or the child does not live with a parent, who has **legal** custody of the child? _____

If someone other than the parent, guardian, or conservator will be paying the tuition, please list: _____

Please check age group and days desired. Class hours are from 9:00a.m. to 3:00p.m.

Placement is based on age as of September 1:

_____ 18-Month-Olds _____ 2 Days (T/Th) _____ 3 Days (M/W/F) _____ 5 Days (M-F)
(must be born on or before 03-01-2023)

_____ 2-Year-Olds _____ 2 Days (T/Th) _____ 3 Days (M/W/F) _____ 5 Days (M-F)
(must be born on or before 09-01-2022)

_____ 3-Year-Olds _____ 2 Days (T/Th) _____ 3 Days (M/W/F) _____ 5 Days (M-F)
(must be born on or before 09-01-2021)

_____ 4-Year-Olds _____ 2 Days (T/Th) _____ 3 Days (M/W/F) _____ 5 Days (M-F)
(must be born on or before 09-01-2020)

Extended Day: _____ Early Birds (7:00-9:00 a.m.) _____ Late Day (3:00-5:00 p.m.)
(all ages) (all ages)

Starting date requested (if other than beginning of school year) _____

Non-residing or Non-custodial Parent (if applicable)

Name _____ Relationship to child _____

Address _____
Street Box # Apt # City State Zip Phone _____

Employer _____ Work phone _____

If there are visitation restrictions, please attach a copy of the court order.

Authorization to pick up child

These people are authorized to pick up my child:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Photographs

I understand that photographs taken of students by Sonshine School are the property of Sonshine School and may be used at the discretion of the school on brochures, bulletin boards, advertising, web pages, artwork, and Me Books. Every effort will be made to handle pictures in a responsible way to ensure the safety and privacy of each child. _____ (Signature)

Emergency contactsIf parents **cannot** be reached, please call:

- | | | | | |
|----------|-----------------------|---------|------------|------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| Name | Relationship to child | Address | Cell Phone | Work Phone |
| 2. _____ | _____ | _____ | _____ | _____ |
| Name | Relationship to child | Address | Cell Phone | Work Phone |
| 3. _____ | _____ | _____ | _____ | _____ |
| Name | Relationship to child | Address | Cell Phone | Work Phone |

Authorization to secure emergency medical treatment of minor child:

In the event of a medical emergency, I authorize Sonshine School and its designated representative to secure any and all emergency medical care and treatment for _____ (child's name) deemed necessary for acute illness suffered or injury sustained while at Sonshine School or participating in school-related activities.

I understand the cost of services provided by ambulance, private physician, clinic, hospital or dentist remains the responsibility of the parent or guardian and will not be assumed by Sonshine School, the Director, Assistant Director, the Designee, the School Board, Kaufman Church of Christ, or the Elders of the Kaufman Church of Christ.

My child's physician is: _____
Name Address Phone

Insurance _____ Policy or Certificate # _____ Phone _____
Please provide a copy of the front and back of the insurance card.

Medication to which the child has had an allergic or adverse reaction: _____

Other severe allergic reactions (food, insect bites): _____

Please list any chronic medical conditions: _____

Signature of parent or guardian:

Name _____

Date _____

Personal History Statement

How would you describe your child's temperament? _____

How does your child react to change or new situations? _____

How does your child react to separation from you? _____

Does your child have any particular fears (thunder, the dark, clowns, etc.)? _____

How does your child respond to adults (shy, fearful, friendly, respectful, etc.)? _____

How does your child respond to other children (shy, aggressive, bossy, friendly, etc.)? _____

How does your child express wants and needs (verbally, with gestures, grabs, etc.)? _____

How does your child react when he or she does not get his or her way? _____

How do you discipline your child? _____ How does

your child respond? _____

What behaviors do you especially value and want to develop in your child? _____

Does your child have opportunities to play with other children (same age, older, younger)?
How do they get along?

Has your child attended preschool or day care previously? _____ If so, where?

Does your child ever stay with a babysitter or relative? _____ For how long at a time?

Does your child participate in sports, gymnastics, dance, or other organized activities?

Who are the members of your child's household? **Please include names and ages of siblings.**

What other people play an important role in your child's life? _____

Does your family have pets? What are their names? _____

Does your child have a best friend? Who? _____

Is this your child's first year at Sonshine School? _____ Does he or she know any of the other children? _____

Does your child have an imaginary friend? Who or what? _____

What are your child's favorite activities? Toys? _____

Does your family have a religious affiliation? Which religious group? _____

Does your family have a church home? Which church and where? _____

Does your child attend Sunday School or Bible Class? Where? _____

If your family does not have a church home, are you looking for one? _____

Health and Routines

Is your child potty trained? If not, please explain current stage in training. (hasn't started yet, still has accidents, wears pull-ups, etc.)

Children in the 2-year-old classes are not required to be potty trained. Children in the 3- and 4-year-old classes MUST be potty trained. However, children in the 3s and 4s who cannot stay dry at naptime may wear pull-ups.

Does your child have a regular bedtime routine? Please explain.

Does your child take naps? If so, at what time and for how long? _____

Does your child need a special blanket, stuffed animal, pacifier, etc. in order to fall asleep?

Is your child able to fall asleep on his or her own? If not, how do you get the child to sleep?

All children at Sonshine School have a supervised rest period after lunch. Children do not have to sleep, but everyone must rest quietly on their mats and not disturb those who are sleeping. Older classes have shorter rest periods than younger classes.

I, _____, will provide lunch **and** snacks for my child, _____, each day at Sonshine School. I understand that Sonshine School is not responsible for the nutritional value of the meal or for meeting the child's nutritional needs.

I also understand that foods that are considered choking hazards or that need to be heated should not be sent.

Parent, guardian, or conservator signature

Date

What is the primary language spoken in your home? _____

Does your child have any chronic health problems? If yes, please explain. _____

Any vision, hearing, or speech impairments? _____

Has your child ever been diagnosed as having a behavioral or mental disorder? Do you suspect a disorder? Please explain.

Has your child ever been diagnosed as having a developmental delay? Do you suspect a delay? Please explain.

Was your child born prematurely, or did he or she experience complications at birth?

Does your child attend any kind of therapy?

Do you have any concerns about your child's physical or mental development? Please explain.

Does your child have any allergies? Please list.

Has your child ever had a severe allergic reaction? If so, does your child have an Epi Pen?

Is your child on any regular medications? Please list.

Does your child require a special diet? If yes, please explain.

Has your child ever been hospitalized or had a serious illness? If yes, please explain.

Has your child ever had a convulsion or seizure? Please explain.

Does your child have any other health issues? _____

Discipline and Guidance Policy for Sonshine

Discipline must be:

- (1)Individualized and consistent for each child;
- (2)Appropriate to the child’s level of understanding; and
- (3)Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1)Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2)Reminding a child of behavior expectations daily by using clear, positive statements;
- (3)Redirecting behavior using positive statements; and
- (4)Using brief supervised separation or time-out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1)Corporal punishment or threats of corporal punishment;
- (2)Punishment associated with food, naps, or toilet training;
- (3)Pinching, shaking, or biting a child;
- (4)Hitting a child with a hand or instrument;
- (5)Putting anything in or on a child’s mouth;
- (6)Humiliating, ridiculing, rejecting, or yelling at a child;
- (7)Subjecting a child to harsh, abusive, or profane language;
- (8)Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9)Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies that I have read and received a copy of this Discipline and Guidance Policy.

Signature

Date

Check one please:

Parent

Employee/Caregiver

Household Member of Child-Care Home

Child's Name _____

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Doctor's Statement of Health

I have examined _____, _____

Child's Name

Date of Birth

and find that this child is in good health and able to participate in all normal school activities.

*This child's immunizations are _____ current / not current. (please circle one)
An official copy of immunizations with the signature and the contact
information of the health-care professional who administered the vaccines
must be on file by the date of admission.*

Hearing and Vision Screening results:

Hearing results _____ Date _____

Vision results _____ Date _____

This child has the following food allergies: _____

The child's physician must complete the Food Allergy Information and Treatment Form.

Additional comments or exceptions:

Physician's Signature

Date

This form must be completed and returned within one week of admission.

The Doctor's Statement of Health is good for one year. An official copy of the immunizations with the signature and contact information of the healthcare professional who administered the vaccines must be on file by the date of admission. Immunizations must be brought up to date within 30 days of admission. Any exemption will require a doctor's note listing the reason for non-compliance.

Please return to:

Sonshine School
27 Oak Creek Drive
Kaufman, TX 75142
972-932-4229
Sonshineschool2@gmail.com