

# Sonshine School South Yukon Church of Christ

## 11700 NW 10th St. Yukon, OK 73099 354-1863

### Fall Registration Form

For Office Use Only Date Submitted \_\_\_\_\_ Reg. fee (\$90 +\$10 each additional child) \_\_\_\_\_ New Class Abbrev. \_\_\_\_\_ Circle Family: Current Former

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

(Name you want the teacher to use in the classroom)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Work or Cell Phone (Circle One) \_\_\_\_\_ Work or Cell Phone (Circle One) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Please list 2 alternate contact in case you cannot be reached in an emergency:

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Please list the people who may pick up your child from school other than yourself. Your child will not be released to any person without your permission.

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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How did you hear about Sonshine School? \_\_\_\_\_

Church affiliation \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Has your child had any previous preschool? \_\_\_\_\_

Do you intend to send your child to Pre-K or Kindergarten next year, if so where? \_\_\_\_\_

Special things you would like your child to experience this year. \_\_\_\_\_

Is your child right-handed or left-handed? (Please circle one, if known)

Please describe your child's personality and temperament.

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**Tuesdays & Thursdays 9am-2pm \$160-185 depending on class**  
**Non-refundable registration fee \$90 for first enrollment (\$10 for each additional child)**

\*I understand that my child must be signed in and out by a parent (or authorized person) each day and that he/she is to be dropped off in the classroom only when a staff person is present in the room. I understand the registration fee is non-refundable.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information

Child's name \_\_\_\_\_ Birthdate: \_\_\_\_\_

List any allergies, existing illness, previous serious illness, hospitalizations, or injuries during the past 12 months.

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List any medications your child is currently taking. \_\_\_\_\_

List any specific physical, social, or emotional conditions that might have an effect on your child while at school.

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### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, I give my permission to the caregiver (Sonshine School/South Yukon Church of Christ) to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to:

(doctor) \_\_\_\_\_ (dentist) \_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult. As the parent or legal guardian of the above-named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO PHOTOGRAPH

During the course of the school year, your child may be photographed during the day at school. These pictures are used to send to parents in our Remind group page and/or our private Facebook group.

\_\_\_\_\_ YES, I give permission for my child's photo to appear on the Remind group page and/or private Facebook group.

\_\_\_\_\_ NO, my child's photograph may not be posted to the Remind group page and/or private Facebook group.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

# POLICY AGREEMENT

Child's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Please read and initial the following:

\_\_\_\_\_ I have received a copy of the student handbook. I have read it and understand it.

\_\_\_\_\_ I agree to pay tuition no later than the second school day of every month and if not, late fees will be added.

\_\_\_\_\_ I understand there are no credits for sickness or vacation. I also understand that if my child is withdrawn for any reason, no tuition or fees will be reimbursed.

\_\_\_\_\_ I understand drop off is **9:00 am-9:15 am** and pick up is **between 1:45 pm-2:00 pm**. I understand that fees will be assessed if my child is not picked up on time.

\_\_\_\_\_ I understand if my child is sick, I will be asked to come get him/her. I understand that staff can not administer any medication to my child.

\_\_\_\_\_ I understand my refusal to adhere to these guidelines may result in my child's dismissal from the program.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_