

Sonshine School South Yukon Church of Christ

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

Fall 2024 Registration Form

For Office Use Only

Date Submitted _____ \$90 + \$10 each sibling reg. fee _____ Class. _____ Entered in system _____ N C F CM family

Child's Name _____ Gender _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Father's Name _____ Mother's Name _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Email Address _____ Email Address _____

Please indicate which phone number(s) you want us to add to the Remind App _____

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

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.

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.

1 and 2 year olds classrooms- Tuesdays & Thursdays 9am-2pm \$185 monthly

3 and 4 year olds classrooms- Mondays, Tuesdays & Thursdays 9am-2pm \$250 monthly

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.

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.

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

_____ YES, I give permission for my child's photo to appear on the Remind group page and/or private Facebook group, as well as the Sonshine School website

_____ NO, my child's photograph may not be posted to any of the above places.

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 _____