

Registration Form 2018-2019 School Year



Sonshine Preschool
200 W Delphi
Sweetser, IN 46987
765-384-7239
sonpreschool@gmail.com
www.sweetserwesleyan.org

Class Schedule & Age Requirements
(Please check the box for the class you desire)

3's Early Learners (3 by Aug.1st) Cost - \$130/month

TWTH 9:00-11:30 A.M.

4's Pre K (4 by Aug. 1st) Cost - \$170/month

MTWTH-AM 9:00-11:30 A.M.

MTWTH-PM 12:30-3:00 P.M.

**Scholarships are available for qualifying families.*
See the office for more information and an application.

Non-refundable registration fee (\$50) due at time of registration

Name of child _____ male _____ female _____

Name you want your child called _____ Birthdate _____ - _____ - _____
Month day year

Child's Address _____
Street/road numbers PO Box City zip code

Home telephone _____ cell phone _____ email _____

Father's name _____ Occupation _____

Employer _____ Business phone _____

Mother's name _____ Occupation _____

Employer _____ Business phone _____

With whom does the child live? Mother _____ Father _____ Guardian _____ Other _____
please identify

Child's weekly caregiver _____ Phone _____

Address of child caregiver _____
Road/Street City zip code

Emergency Contact

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

For office use only:

Date registration form received _____

Date registration fee paid _____

continued on back

Registration Form 2016-2017 School Year

Child's special interest _____
(School, home or family, other child care groups, library, story hour, lessons for dance, gymnastics, swimming, neighbor play group, church, other _____)

Child's Church Affiliation _____

Child's fears _____

Child's food allergies or cultural restrictions, if any _____

Other allergies, if any _____

Name of child's physician _____ phone number _____

Name of child's dentist _____ phone number _____

Family Information: Please include name, age, any long term illnesses

Father _____
name

Mother _____
Name

Sibling _____
Name

Sibling _____
Name

Sibling _____
Name

Other siblings not living at home _____

Are there others living in the home, such as grandparents? _____
If so, state relationship _____.

Please share any information which will help us better serve you and your child.

(Examples: recent change in address, change in marital status of parents, child's speech, hearing, vision, coordination of large or small muscles.)

Office Notes: