



Date: _____

Registration

Please check the class you would like to register for:

2's Monday Class Preferred _____

2's Thursday Class Preferred _____

3's Class _____

Pre-K Class _____

Kindergarten _____

Child

Name: _____ Nickname: _____

Birthdate: _____ Allergies: _____

Address: _____

Mother

Name: _____

Address: _____

Primary Contact #: _____ Secondary Contact # _____

Marital Status: _____ Religious Affiliation: _____

Father

Name: _____

Address: _____

Primary Contact #: _____ Secondary Contact # _____

Marital Status: _____ Religious Affiliation: _____

We would like information and newsletters sent to the following email address (es): _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

In case you cannot be reached, please list two additional contacts below:

1. Name: _____ Relationship: _____ Phone # _____

2. Name: _____ Relationship: _____ Phone # _____

Emergency Treatment:

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Action if doctor cannot be reached:

Associate on call: Yes _____ No _____

Hospital: Yes _____ No _____

Sonshine Express Staff and/or church staff has permission to medically transport or seek medical care for my child in case of emergency.

Signed/Dated

Is there anything else that you would like to share with us about your child? _____

Please include the non-refundable registration fee and September's tuition to complete the registration process.

Office Use Only – Deposit Information