

MIDDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL

Child's Full Name _____ (Last) _____ (First) _____ (Middle) _____ (Nickname)

Address _____ (Street) _____ (City) _____ (Zip Code)

Sex _____ Date of Birth _____ Present Age _____ How did you hear about us? _____

***If your child will be 5 years old by September 1, 2014 do you plan on sending him/her to Kindergarten the following year? Yes No*

Father's Name _____ Mother's Name _____

Employed By _____ Employed By _____

Home Phone _____ Work _____ Home Phone _____ Work _____

Cell Phone _____ Cell Phone _____

Church Affiliation _____ Church Affiliation _____

Siblings Names _____

Please list name, relationship to and phone number of person (or persons) to be contacted in case of illness or emergency (other than parent). They should be readily available and willing to pick your child up while sick.

- 1. _____ 3. _____
- 2. _____ 4. _____

THE FOLLOWING HAS MY PERMISSION TO PICK UP MY CHILD FROM SONSHINE PRESCHOOL (Name & phone)

- 1. _____ 3. _____
- 2. _____ 4. _____

PLEASE CIRCLE WHICH DAY OR DAYS YOU WISH TO ENROLL YOUR CHILD Monday Thursday Both

Tuition for Midlothian Church of Christ's Sonshine Preschool is \$14.00 per child per day, \$12.00 per sibling. (NO CREDIT FOR ABSENCES.) Two week's notice is requested if a child must be withdrawn from our program. I have read the preceding paragraph and agree to pay the charges mentioned therein.

Parent or guardians signature: _____

IN ORDER, TO RESERVE YOUR CHILD'S SPOT RETURN THESE FORMS ALONG WITH A \$25.00 NON-REFUNDABLE REGISTRATION FEE TO THE SONSHINE OFFICE. UNTIL THE SIGNED FORMS AND \$25.00 ARE RETURNED, WE WILL NOT RESERVE YOUR CHILD'S PLACEMENT. Parents or guardians signature: _____

MIDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL HEALTH RECORD

Name of Child _____

Physician's Name _____ Telephone Number _____

List any: Known Allergies (including medications): _____

Serious Illnesses: _____

Daily medications we need to know about: _____

Anything else you think we should know: _____

IN CASE OF EMERGENCY, PLEASE TAKE MY CHILD TO:

DR. _____ PHONE _____

ADDRESS _____ (Street) _____ (City) _____ (Zip Code)
Ins. Co. Name _____ Group Policy Number _____ Member No. _____

If this doctor cannot be reached, I authorize Sonshine Preschool to refer my child to a doctor who is available. I give my consent for all medical care prescribed by a licensed physician under whatever condition necessary to preserve the life of my child. It is understood that Sonshine Preschool or its representative does not assume any financial responsibility or any expense that might be incurred for said emergency treatment. If this information or the health of my child changes, I hereby waive and release any and all rights and claims for damages I may hereafter have against Midlothian Church of Christ or their instructors or authorized representatives for any injury or illness incurred while my child is in their care.

SIGNATURE OF PARENT OR GUARDIAN Date _____

Please return with an updated copy of your child's current shot records.

**MIDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL
TEACHERS RECORD CARD**

Child's Name _____ Birthdate _____ Gender M or F

Parent's Names _____ Home Phone _____ Cell Phone _____

Address Including City, State & Zip _____

Who will be responsible for picking up your child: _____

INFORMATION WHICH WOULD LEAD TO A BETTER UNDERSTANDING OF YOUR CHILD:

Emotional Behavior: Does your child cry easily, is he/she shy or overly aggressive, show fears _____

Play: Has your child had an opportunity to play with other children frequently? _____

Is your child potty trained? _____ If not is he working on it and in pull-ups? _____

List participation in group activities: Sunday School, playgroups, recreational sports, other mother day outs, or babysitters

Behavior habits: (thumb sucking, etc.) _____

Name & ages of brothers and sisters _____

List any allergies, asthma, or medications your child takes regularly _____

Other comments or things about your child the teacher should know _____

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Other comments or things about your child the teacher should know _____

**MIDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL
FIELD TRIP PERMISSION FORM**

CHILD'S NAME: _____ BIRTHDATE _____

RELEASE FORM

In case of sickness or accident: Sunshine Preschool nor the Midlothian Church of Christ, nor any individual sponsor or employee shall in any way be held liable for any sickness or injury incurred at any time from the time that the child arrives at the church building or on any activity of the group. Every reasonable precaution will be taken by Sunshine Preschool and Midlothian Church of Christ, as well as any individual sponsors and employees, to insure good health and prevent accidents. Being in agreement with and accepting these policies, I give my permission for my child to participate in any field trip Sunshine Preschool takes in this school year. I, the parent or the guardian, assume full responsibility for my child.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

**MIDLOTHIAN CHURCH OF CHRIST SONSHINE PRESCHOOL
PLAYGROUND PERMISSION FORM**

CHILD'S NAME: _____ BIRTHDATE _____

RELEASE FORM

I, _____, the parent or guardian of _____, give my consent to allow my child to use the playground facilities at Midlothian Church of Christ. In case of an accident: Sunshine Preschool nor the Midlothian Church of Christ, nor any individual sponsor or employee shall in any way be held liable for any injury incurred while using the playground. Every precaution will be taken by Sunshine Preschool and the Midlothian Church of Christ, as well as any individual sponsors and employees, to insure good health and prevent accidents. Being in agreement with and accepting these policies, I give my permission for my child to use the playground. I, the parent or guardian, assume full responsibility for my child.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____