

SonShiners Preschool

Summer Registration Packet



**Theresa Baptist Church
3919 Chub Lake Rd
Roxboro, NC 27574
(336) 599-0635**



*We will not hide these truths from our children,
Telling the next generation about the glorious deeds of the LORD,
about his power and his mighty wonders.
Psalm 78:4*

Dear Parents,

On behalf of the preschool board and staff, I would like to thank you for your interest in SonShiners Preschool Summer Program. We are excited about the opportunity to serve your child and your family. Along with this letter you will find a registration packet for our two and three, and four and five year old combination classes for 2016. If you would like more information, have further questions or would like to set up a time to tour the preschool prior to submitting the application, please give me a call at 599-0635 or 336-597- 4837. I would be happy to answer any questions you may have and help you get acquainted with our school.

The Registration Packet Includes:

Page 1 - 4 Application for Admission Page, Medical Emergency Information, Child's Health Record, and Child's Medical Report.

The registration deadline is **June 1st**. Please note that some classes may fill up before the due date. Summer School classes will be filled first with current preschool students and their siblings and then in the order that completed application are received. To register your child, please complete the registration form and return it along with the **\$150.00 registration/tuition fee** by **June 1st**. Checks should be made payable to "SonShiners Preschool." I look forward to hearing back from you and getting to know you!

Sincerely,

Wendi Gentry, Director

SonShiners Summer School Application for Admission

General Information

My child _____ will be attending summer school.

Child's name: _____ Date of Birth: _____.

Home Address; _____ Home Phone:

City: _____ Zip Code: _____

Family Information

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Authorization to Pick Up

The following adults have parental authorization to pick up

_____ (child) from SonShiners Preschool without any other written or verbal approval.

Name: _____ Contact Number: _____

_____ Name: _____ Contact

Number: _____

Name: _____ Contact Number: _____

_____ Name: _____ Contact Number: _____

Application Returned _____

Tuition Paid _____

SonShiners Preschool
MEDICAL EMERGENCY INFORMATION

(MAKE SURE THAT ALL INFORMATION PROVIDED IS KEPT CURRENT)

Child's Name: _____ Date of Birth: _____
_____ Home Address: _____

City: _____ Zip Code: _____

In case of an emergency situation, parents can be reached at the following:

Mother—place: _____ Phone: _____ Alternate: _____
Father—place: _____ Phone: _____ Alternate: _____

EMERGENCY INFORMATION

Please give us the name, address, and contact numbers of two people who could act on the parents' behalf in the event of an emergency if the school is unable to reach you in a timely manner. Please be VERY accurate with this information.

1. Name: _____
Relationship to child: _____ Home Phone: _____
Business Phone: _____ Cell Phone: _____

2. Name: _____
Relationship to child: _____ Home Phone: _____
Business Phone: _____ Cell Phone: _____

PHYSICIAN INFORMATION

Name of Physician: _____ Phone: _____
Physician's Address: _____
Name of Dentist: _____ Phone: _____
Dentist's Address: _____
Hospital you prefer if needed: _____

**I hereby give my permission to SonShiners Preschool to meet the needs of my child,
_____ in the case of an emergency.**

Signature of Parent

Date

SonShiners Preschool
CHILD HEALTH RECORD

Name of Child: _____

MEDICAL HISTORY: (To be completed by parents)

1. Is the child allergic to anything? ____Yes ____ No

If yes, please specify _____

2. Is the child currently under a doctor's care? ____Yes ____ No

If yes, please specify _____

3. Is the child on any continuous medication? ____Yes ____ No

If yes, please specify _____

4. Any previous hospitalizations? ____Yes ____ No

If yes, please specify _____

5. Any history of significant diseases or recurrent illnesses? ____Yes ____ No

Diabetes? _____; Convulsions? _____; Heart trouble? _____

If other, please specify _____

6. Does the child have any physical disabilities? ____Yes ____ No

If other, please specify _____

7. Any mental disabilities? ____Yes ____ No

If other, please specify _____

Signature of Parent

Date

CHILD MEDICAL REPORT

Name of Child _____ Age _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

_____ Street City State/Zip

PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician or his/her authorized agent, who is currently approved by the North Carolina Board or Medical Examiners.

Weight _____ Height _____ Heart _____ Chest _____

Throat _____ Neck _____ Abdomen _____

GU _____ Ext. _____ Neurological System _____

Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____

Results of Tuberculin Test, if given _____

type results

Should activities be limited? _____

Recommendations: _____

Signature of physician or authorized agent that is currently
Approved by the NC Board of Medical Examiners

Date of Exam

IMMUNIZATION HISTORY: The daycare operator must enter the date each immunization was received. G.S. 1030-90(B) requires all day care facilities to have this information on file.

VACCINE DATE DATE DATE DATE

DPT _____

Td or Tetanus _____

Polio, oral _____

Rubella (measles) _____

HIB _____

Doctor may attach his form on immunization

The registration deadline is June 1st . Please note that some classes may fill up before the due date. Preschool classes will be filled as completed applications and registration fees are received. Once classes are full, applicants will be contacted for the opportunity to be put on a waiting list in the chance that room becomes available.

Check to make sure you return:

All forms completed (pages 1-4 of the packet)

Attached Immunization Records

\$150 Registration/Tuition Fee by June 1st

\$170 Registration/Tuition Fee after May June 1st

Return Completed Application to:

SonShiners Preschool
Theresa Baptist Church
3919 Chub Lake Rd
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