

Sonrise Christian Preschool 2017/2018

Child's Name: _____ Name child prefers (this name will be used on all nametags): _____
Gender: _____ Birth date: _____ Home Phone: _____
Address: _____ Zip Code: _____
Father's Name (name you prefer to be called by teachers): _____ Occupation: _____
Employer: _____ Work Phone: _____
Mother's Name (name you prefer to be called by teachers): _____ Occupation: _____
Employer: _____ Work phone: _____
Mother's Cell Number _____ Father's Cell Number _____
Email address _____ Secondary email address _____
Babysitter name/number _____

In July, you will receive a Class Confirmation, 2017/18 Calendar of Events, and Parent Handbook. Would you like to receive your confirmation via email _____ or through the mail? _____ (indicate choice)

Should we send copies of communication to two households? _____



Class Options:

1 Year Old Classes (Age 1 by 8/31/17;

child must be able to walk before the start of preschool)

___ MWF am

2 Year Olds (Age 2 by 8/31/17)

___ T/Th am ___ MWF am ___ MW pm

3 Year Olds (Age 3 by 8/31/17)

___ T/Th am ___ T/Th pm ___ MWF am ___ MWF pm

4 Year Olds — Pre-Kindergarten (Age 4 by 8/31/17)

___ MWF am ___ MWF pm ___ MTWF am ___ MTWF pm

___ 2 days - T/Th All Day ___ 3 days – MWF All Day

Check Number _____

Payment Total _____

Date _____

Please list any of your child's **allergies, health** conditions, or **special needs**; indicate severity:

Briefly, list family history of allergies, health conditions, or special needs:

What are the symptoms of your child's allergic reaction or health condition?

How do you treat or apply first aid or medicate your child's allergies, health conditions, or special needs?

IN CASE OF EMERGENCY CONTACT:

Please list a **third party** (this party will be contacted if parents are unreachable)

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____ Hospital Preference: _____

Dentist: _____ Phone: _____

I understand that I will be notified if my child becomes ill and it may be necessary to make arrangements to pick up my child within **30 minutes or less**. If my child is exposed to a contagious disease, I agree to notify Sonrise Christian Preschool immediately.

I agree and give consent that in case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I, or my emergency contact listed above, will be contacted immediately.

Parent/Guardian's Signature _____ Date: _____

Sonrise Christian Preschool Application 2017/2018

Child's Name: _____ Gender: _____

Nickname/Name Child Prefers: _____ Birthday: _____

Address: _____ City: _____

Zip: _____ Home phone: _____ Do you regularly check your email? Yes ___ No ___

Primary Email address: _____

Secondary Email address: _____

Mother's Name: _____ **Cell Phone:** _____

Address: _____ **Home Phone:** _____

Mother's Employer: _____ **Work Phone:** _____

Work Schedule (Days/Hours) _____

Father's Name: _____ **Cell Phone:** _____

Address: _____ **Home Phone:** _____

Father's Employer: _____ **Work Phone:** _____

Work Schedule (Days/Hours) _____

Babysitter's Name: _____ **Cell Phone:** _____

Name of parties who have legal custody of child: _____

Do you need copies of communication (emails, newsletters) sent to two separate households? _____

Name of parties who live in household with child: _____

Siblings:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Is your child adopted? _____ Does s/he know? _____

Please list any family pet(s) and name(s): _____

Does your child attend Church or Sunday School? Yes ___ No ___ Name of Church _____

What system of discipline do you use at home? _____

Does your child find it difficult to share toys? Yes _____ No _____

If Yes, how do you respond? _____

What is your child's favorite indoor activity? _____

Outdoor activity? _____

Has your child attended preschool or daycare? Yes ___ No ___ Name of Program _____

If Yes, for what length of time? _____

How did s/he respond?: _____

Does your child prefer to play alone? _____ With others? _____ In a group? _____

Has your family experienced any accidents, deaths, or situations that have impacted your child? _____

What are your child's fears? _____

What are your child's special interests? _____

Are there any conditions that would limit your child's participation in preschool? _____

What will help us to meet your child's needs most fully? _____

What are your goals for your child at school this year? _____

What do you enjoy most about your child?

Mother: _____

Father: _____

Medical Information

Child's Name _____

Date of Last Physical Exam _____

Attach a copy of your child's **Immunization Record** (update yearly).

_____ We have chosen not to immunize our child. List reason: _____

Child's **MEDICAL HISTORY** (check all that apply):

_____ *Allergies	_____ Prolonged Illnesses	_____ Asthma
_____ Frequent Illnesses	_____ Speech Difficulty	_____ Serious Injuries
_____ Visual Difficulties	_____ Handicap	_____ Seizures
_____ Wears Glasses	_____ Premature Birth	_____ Back Problems
_____ Hearing Problems	_____ Developmental Delay	_____ Other

*Allergies – List Treatment/Medications/Symptoms/Severity of Allergy _____

*Family history of the conditions or allergies listed above (for example, are any of your other children allergic to peanuts?) _____

Does your child have an EpiPen? _____

If you marked any of the above, please specify and list Treatment/Medications/Symptoms/Severity:

Does your child receive any early intervention? What program/agency serves your family? _____

Please list any Medications: _____

Any other information or condition that would help our planning to care of your child: _____

NOTICE TO PARENTS

I understand that Sonrise Christian Preschool is not licensed under the laws of the State of Indiana. I further understand that Sonrise Christian Preschool complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is housed. I accept that it is my (the parent's) responsibility to ensure that the nutritional and health needs of my child are met while my child is participating in Sonrise Christian Preschool.

Child's Name: _____ Birthdate: _____

Parent/Guardian Signature: _____ Date: _____

Photo/Video/Social Media Use Permission Form

I grant Sonrise Christian Preschool permission to use my child's photo/video image for the purposes of preschool publicity or special programming (Photos during the Christmas Program, Parent Orientation, etc.). The school can use my child's photo on displays in the church, on PowerPoint presentations, preschool publications (like monthly newsletters), and/or for Sonrise Church publicity.

Only first names, if any, will be used on any publication.

Parent/Guardian Signature _____ Date _____

_____ No, do not use my child's photo. _____ Use my child's photo in specified ways only (list here):

Class Directory

Sonrise Christian Preschool gives each family a directory of the contact information for the class. Families use the directory to arrange play dates, to carpool with each other, to help children practice names of classmates, etc. Please sign the release below to give us permission to provide your address, email and phone number to your child's classmates.

Class Directory Permission Form

Sonrise Christian Preschool has my permission to list my child's name, address, email, and phone number on the class directory. Sonrise Christian Preschool may share this list with the other children in the preschool.

Parent/Guardian Signature _____ Date _____

_____ NO, please withhold my child's information from the class directory.

_____ NO, please list limited contact information for our family on the class directory.

_____ Email address only _____ Phone numbers only _____ Other

Financial Agreement

(Sign and return this signature with your application; you may keep the Financial Policy portion for your records)

I/We have read and agree to honor the financial Policy of Sonrise Christian Preschool.

Parent's signature: _____ Date: _____

(Cut here)

Sonrise Christian Preschool Financial Policy

(You may keep this portion for your records)

Sonrise Christian Preschool is a ministry and is a non-profit outreach of Sonrise Church. The preschool is self-supporting and obtains all income for teacher salaries, supplies, and special events through tuition, registration fees, activity fees, fundraisers, and donations. All non-tuition donations are tax deductible.

1. Three payments are due each year:
 - Registration fee - a non-refundable fee of \$45 is charged at the time of registration to secure your child's place at Sonrise Christian Preschool
 - Activity Fee – the fee for one-year-old students is \$10; the fee for all other students is \$35.
 - Tuition
2. Activity fees and the first tuition payment are due August 1.
3. We offer three tuition payment options:
 - Full payment – Due August 1
 - Semi-annual payment – Due August 1 and January 1
 - Monthly payment – Due the first of every month starting August 1st and ending April 1st
(With this option, payments are due August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, and April 1; no payment is due in May).
4. A signed Financial Agreement is required for enrollment. This agreement will be kept on file.
5. Late tuition payments and outstanding fees will incur late charges of \$10. Please discuss any financial concerns with the Director so that arrangements can be made.
6. Failure to pay tuition may cause your child's enrollment in Sonrise Christian Preschool to be forfeited.
7. Our tuition is prorated over a nine-month period so that your tuition rate is the same each month. Thus, your tuition payment is the same in December (when you have Christmas Break) as in March, When we typically have 5 weeks of school.
8. If you need to withdraw during the school year, you need to notify Sonrise Christian Preschool one month in advance. Without notification, you are obligated to pay the following month's tuition. If you need to withdraw after August 1, you will owe the first month's payment.
9. If your child's tuition is not paid in full by the end of the school year, your child will not be able to attend preschool the subsequent year until you pay your balance.
10. All returned (bounced) checks are subject to a \$20 reprocessing fee.
11. We do not offer refunds for:
 - late arrivals or early departure
 - family vacations during scheduled class days
 - illness
 - snow days
12. Please endorse all checks to **Sonrise Christian Preschool**.