



REGISTRATION FORM

2019/2020

To ensure your child's place is reserved at Sunshine Preschool, a **\$100.00 non-refundable registration fee** must be returned with this form. \$20.00 of this will be applied towards first month's tuition.

Registration begins February 11, 2019

Return application to: Westminster Presbyterian Church
1925 Boulevard Rd SE, Olympia, WA 98501

Please check preference:

_____ **3 days** -- Mon/Wed/Fri (4 & 5 year olds) A.M. class (9:00am-12:00pm)

_____ **3 days** -- Mon/Wed/Fri (3.5 to 5 year olds) P.M. class (12:30pm – 3:00pm)

_____ **5 days** -- Mon - Fri (4 & 5 year olds) A.M. class (9:00am-12:00pm)

_____ **2 days** -- Tues/Thurs (2.5 to 4 year olds) A.M. class (9:00am-11:30am)

Name _____ Sex _____ Birth Date _____

Parent/Guardian1 _____ Parent/Guardian2 _____

Mailing Address

_____ (street) _____ (city) _____ (state) _____ (zip)

Primary Phone _____ Mobile/ home - text able? – Y / N

Secondary Phone _____ Mobile/ home

E-Mail (Please write clearly) _____

Church affiliation (if any): _____

Employer for
Parent/Guardian1 _____ WorkPhone _____

Employer for
Parent/Guardian2 _____ WorkPhone _____

In an emergency, if none of the parents can be reached, please contact:

Name _____ Address _____

Phone _____

(Form continues on back...)

HEALTH HISTORY

Doctor _____ Phone _____

Is child under doctor's care for any health condition(s)?

Date of last complete physical examination

Dentist _____ Date of last dental checkup _____

SOCIAL RELATIONSHIPS

Has child had experience with other children ☐ at home ☐ in groups

DISCIPLINE METHODS

Comments:

FOOD HABITS OR PROBLEMS

Comments: _____

Allergies: _____

TOILET HABITS

Assistance needed? _____

Do you have any occupation, talent, skill, or hobby which you would like to share with the pre-school sometime this year? If so, what _____

How did you hear about Sunshine Preschool?

AUTHORIZATION

In case of a medical emergency during which the parent/ guardian cannot be reached, I authorize the teachers to obtain necessary medical treatment for my child while he or she is at Sunshine Preschool. Parents/Guardians will be responsible for all medical expenses and hereby release Sunshine Preschool from liability.

Signed _____

Date _____

We would need your child's current immunization records on the first day of School.