

Sonshine Use Only:

Date: \_\_\_\_\_

Ck # \_\_\_\_\_ or Cash

Initials: \_\_\_\_\_

# Sonshine Preschool 2022-2023

## Application for Enrollment

Name of Child: \_\_\_\_\_ (Circle) Boy or Girl

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Can we text you at this number?) Yes or No

Father's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's home address if different than child's: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's home address if different from child's: \_\_\_\_\_

Other children in family (names & ages): \_\_\_\_\_

In case of emergency contact (name & phone): \_\_\_\_\_ Relationship: \_\_\_\_\_

We email **A LOT**, email address that you check regularly: \_\_\_\_\_

Are there any food allergies we should be aware of (circle) Yes or No

If yes, please explain: \_\_\_\_\_

Is there any information about your child that would help us care for them better? Yes or No

If yes, please explain: \_\_\_\_\_

Do you have any concerns regarding your child's development? (Such as speech or hearing) Yes or No

If yes, please explain: \_\_\_\_\_

Are you an active member of First Baptist Church here in McPherson? Yes or No

Sonshine Preschool does not discriminate in relationship to sex, race, religious beliefs, disability, color or ethnic background. Scholarships – if you are in need of assistance, please ask for a scholarship application. You may apply at any time throughout the school year. All information on application must be filled out completely for consideration.

**We offer 2 sessions:**

_____ Mon/Wed/Fri	Pre-Kindergarten \$95.00/month	8:15am – 11:15am (child must be 4 by Aug. 31)
_____ Tues/Thurs	Preschool \$70.00/month	8:15am – 10:45am (child must be 3 by Aug. 31)

**Enrollment requirements:** All children must be fully potty trained on or before the first day of August to be eligible to enter the Preschool/Pre-K classroom. Pull-ups may not be worn.

**Please attach a copy of your child's immunization records with this application.**

**Check here if your child is exempt for health or religious reasons. Please circle which one.**

I agree that at the time of enrollment I will pay a Non-Refundable application/processing fee of \$25.00 per child. I understand that tuition is due on or before the 5<sup>th</sup> of each month regardless of class. Tuition payments begin in September and end in May, making a total of 9 monthly tuition payments. I agree to make all necessary payments in a timely manner. I understand that if tuition is not paid on time, my child will not be able to attend class until arrangements have been made with the treasurer or caught up. There is no refund for days your child is not in attendance. If I withdraw my child, I need to do so in writing or I am responsible for paying the next month's tuition. Sonshine Preschool may withdraw my child at any time during the school year after the Director consults with the parents and in extreme circumstances seeks counsel from the Sonshine Preschool Board. A meeting with parents, director and board can be requested. Sonshine Preschool is a Christ centered preschool and religious material will be discussed and taught.

**Social Media**

\_\_\_\_\_ (Yes) I give permission for my child's photo to be used in press releases, school website and other social media hosted by Sonshine Preschool as well as brochures distributed by the school and/or the church.

\_\_\_\_\_ (No, Please explain) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following people (not including parent/guardian) may pick up my child from Sonshine Preschool. Provide first and last name with phone number

\_\_\_\_\_  
\_\_\_\_\_

**A \$25.00 Non-Refundable processing fee must accompany this application. Please do not combine this fee with any other Sonshine monies. If you would like to mail in your application, please use the information below:**

Sonshine Preschool Director  
c/o First Baptist Church  
600 E Marlin  
McPherson, KS 67460

**Your signature below indicates your understanding and acceptance of our Enrollment Agreement.** Placement of class will be determined on a first come first serve basis. You will be notified of your placement in a timely manner.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_