



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

## Registration

Please check the class you would like to register for:

2's Monday Class Preferred \_\_\_\_\_

2's Thursday Class Preferred \_\_\_\_\_

3's Class \_\_\_\_\_

Pre-K Class \_\_\_\_\_

Kindergarten \_\_\_\_\_

### Child

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_

### Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact # \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

### Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact # \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

We would like information and newsletters sent to the following email address (es): \_\_\_\_\_

### Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**In case you cannot be reached, please list two additional contacts below:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Treatment:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Action if doctor cannot be reached:**

Associate on call: Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

Sonshine Express Staff and/or church staff has permission to medically transport or seek medical care for my child in case of emergency.

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Signed/Dated

Is there anything else that you would like to share with us about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please include the non-refundable registration fee and September's tuition to complete the registration process.**

**Office Use Only – Deposit Information**