



Sonshine Kids Preschool Flower Mound United Methodist Church Registration Packet 2021-2022

Open Registration for the 2021-2022 school year will begin on Monday, February 1, 2021. Registration packets may be dropped off Monday – Friday from 10:00am – 4:00pm **at the main entrance to Sonshine Kids.** Please check the desired class you would like to enroll your child in for the 2021 - 2022 school year.

***Please note, for the 2-year-old, 3-year-old, and Pre-K classes, mark your 1st & 2nd class preferences.**

Registration is on a first come, first served basis. You must bring completed packet (except Health Information Form), with the Registration Fee, Fall Supply Fee, May 2022 Technology Fee, and May 2022 Tuition payment. **Please make check payable to FMUMC, no online payment available for registration.** The Health Information Form with Immunization Record (for all students) and Hearing & Vision (age 4+) is **DUE** no later than **THE WEEK BEFORE SCHOOL BEGINS IN ORDER FOR YOUR CHILD TO START SCHOOL. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

STUDENT'S NAME: _____

Class Choice	Class	Days	Times	Registration Fee	Supply Fee (due at registration & in January)	Monthly Technology Fee	Monthly Tuition	Total Due at Registration (total due to complete registration includes: Registration Fee, Supply Fee, & the May 2022 Registration and Technology Fees)
	Toddler *Must be 18 months old	T, TH	9:00 – 1:00	\$110	\$80	\$10	\$225	\$425
	2-Year-Old	T, W, TH	9:00 – 1:00	\$110	\$105	\$10	\$255	\$480
	2-Year-Old	T, W, TH	9:00 – 2:00	\$110	\$105	\$10	\$305	\$530
	3-Year-Old *Must be potty trained	T, W, TH	9:00 – 1:00	\$110	\$105	\$10	\$255	\$480
	3-Year-Old *Must be potty trained	T, W TH	9:00 – 2:00	\$110	\$105	\$10	\$305	\$530
	4-Year-Old	T, W, TH	9:00 – 1:00	\$110	\$105	\$10	\$285	\$510
	4-Year-Old	T, W, TH	9:00 – 2:00	\$110	\$105	\$10	\$315	\$540
	Pre-K	T, W, TH, F	9:00 – 2:00	\$110	\$130	\$10	\$375	\$625
	Pre-K	M – F	9:00 – 2:00	\$110	\$155	\$10	\$435	\$710
	Kindergarten	M – F	9:00 – 2:00	\$110	\$155	\$10	\$450	\$725

FOR OFFICE USE, ONLY:

Class: _____ Time Stamp: Received on _____ @ _____

T _____ 2 _____ 3 _____ PK _____ K _____ Date of Admission: _____

Days Attending: _____ Reg Fee \$ _____ cash/ck # _____ pd _____

M _____ T _____ W _____ Th _____ F _____ Supply Fee \$ _____ cash/ck # _____ pd _____

Hours Attending: _____ Technology Fee \$ _____ cash/ck # _____ pd _____

9:00-1:00 _____ 9:00-2:00 _____ May tuition \$ _____ cash/ck # _____ pd _____

Class Assigned: _____ Received by: _____



REGISTRATION FORM

STUDENT INFORMATION				
Child's Full Name		Child's Date of Birth		Child's Age on 9/1/21
Child's Home Address (Including city, state, and zip code)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Baptismal Date
Child lives with: Both Parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
PARENT INFORMATION				
Father's Name		Driver's License Number	Cell phone number	Home phone number
Address (If different from child's address) (Including city, state, and zip code)			Email	
Father's Employer: _____				
Mother's Name		Driver's License Number	Cell phone number	Home phone number
Address (If different from child's address) (Including city, state, and zip code)			Email	
Mother's Employer: _____				
Parent's marital status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Widowed <input type="checkbox"/>				
If divorced, please give the name and address (including city, state, and zip code) and phone of the non-custodial parent:				
Name: _____				
Address			Phone: _____	
Does this person have permission to claim the child at school? Yes <input type="checkbox"/> *No <input type="checkbox"/> *If "No", court documents will need to be on file stating such.				
EMERGENCY CONTACT: Give the name, address (including city, state, & zip code), and phone number of the responsible individual to call in case of an emergency if the parent/guardian cannot be reached. By giving the name(s) below I hereby authorize Sonshine Kids Preschool to call the following persons only in an emergency when the parent/guardian cannot be reached.				
Name	Address (including city, state & zip code)	Driver's License Number	Phone Number	Relationship
AUTHORIZED PICK-UP: I authorize Sonshine Kids Preschool to release my child to leave the school only with the following persons. Please list the name and telephone number for each individual listed below (ex: friend, carpool pick-up, neighbor). Children will only be release to a parent or guardian or to the person(s) designated by the parent/guardian after verification of ID.				
Name	Address (including city, state & zip code)	Driver's License Number	Phone Number	Relationship
RELIGIOUS PREFERENCE				
Are you a member of a church? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, name of church: _____		Would you be interested in learning more about Flower Mound UMC? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature – Parent or Legal Guardian

Date



**Sonshine Kids Preschool
Flower Mound United Methodist Church
REGISTRATION FORM**

STUDENT NAME: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility:	Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

MEDICAL – LIABILITY RELEASE

Every activity sponsored by Sonshine Kids Preschool is adequately supervised; however, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards in related activities. You also agree not to hold Sonshine Kids Preschool or Flower Mound United Methodist Church, its employees, and volunteers liable for damages, losses or injuries to the personal property undersigned. This signature is for both medical and liability Release.

Insurance Company	Policy Number
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Signature – Parent or Legal Guardian **Date**

ALLERGY INFORMATION

*Does your child have any known allergies? Yes No If yes, please list: _____

*Does the allergy require the use of an epi-pen? Yes No Not Applicable

Please list any special medical conditions, previous illnesses that pertain to your child: _____

*Does your child have asthma? Yes No *Does your child use a rescue inhaler? Yes No Not Applicable

*If you answered **YES** to any of the above questions, there must be an emergency protocol form filled out by the child's physician and kept on file with this form and bring the epi-pen and/or inhaler to the Preschool office.

MEDIA/PHOTOGRAPHY WAIVER

Photographs of your child are sometimes taken for a craft, gift project or classroom display. Photographs of your child will not be taken inappropriately or be used inappropriately. Photographs of your child may be used in internal Sonshine Kids material (bulletin boards, brochures, TV screens located in the school/church building, and the FMUMC website and FMUMC preschool Facebook pages.)

Please check appropriate boxes below and sign.

I give my permission for photographs to be taken of my child while at Sonshine Kids Preschool, for the purpose of displaying in the following areas (please check all that apply)

In the Classroom School Building Private Church/School Facebook Pages
 Procure Childcare Management System (system used for check-in/out, teacher/parent communication, and photo sharing within classroom to parent through the Procure app)

I do NOT wish for photographs to be taken of my child, at any time or place while at Sonshine Kids Preschool.

WATER ACTIVITY CONSENT

I hereby give consent for my child to participate in water activities such as splashing/wading pools, water table play, etc.

Yes No

Signature – Parent or Legal Guardian **Date**



**Sonshine Kids Preschool
Flower Mound United Methodist Church
Health Information Form 2021-2022**

PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. IT IS DUE BACK WITH CURRENT IMMUNIZATION OR STATE AFFIDAVIT THE WEEK PRIOR TO SCHOOL STARTING IN ORDER FOR YOUR CHILD TO START SCHOOL.

STUDENT'S NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

PHYSICIAN SIGNATURE

One of the following must be checked below before your child can attend Sonshine Kids:

- PHYSICIAN'S STATEMENT:** I have examined this child within the past year and find that she/he is able to participate in Sonshine Kids Preschool and Kindergarten program and activities.

Physician's Signature _____ **Date** _____

- A signed and dated copy of a physician's statement is attached
- My child has previously been enrolled at Sonshine Kids and has a current health statement (within one year of child's last well check) on file. I will submit a new health statement no later than **one week after my child's birthday.**
- A notarized affidavit is provided by the child's parent stating: that medical diagnosis & treatment conflict with the tenets and practices of a recognized religious organization of which the parent is adherent or member.

IF THIS IS YOUR CHILD'S FIRST YEAR ATTENDING SONSHINE KIDS AND YOU DO NOT HAVE ANY OF THE ABOVE:

- Parent Statement: My child has been examined within the past year by a physician and is able to participate in this program. **I will obtain a physician's signed statement and will submit it to Sonshine Kids within 1 month of the date of admission.**

IMMUNIZATION RECORD (Immunizations must be turned in **BEFORE** your child may start school as stated in *minimum standards section 746.613 What immunizations are children in my care required to have?*)

- I have provided Sonshine Kids with the attached copy of my child's most recent immunization record
- I have provided Sonshine Kids with a copy of a State Affidavit of Exemption or have a State Affidavit already on file with Sonshine Kids

Parent Signature _____ **Date** _____

HEARING & VISION SCREENING (only required for children 4 years old and older)

VISION		Pass	Fail
Right Eye	20/		
Left Eye	20/		

Screener Signature: _____ DATE: _____

HEARING	1000Hz	2000Hz	4000Hz	Pass	Fail
Right Ear					
Left Ear					

Screener Signature: _____ DATE: _____



**Sonshine Kids Preschool
Flower Mound United Methodist Church
TUITION AND REQUIRED FEES AGREEMENT
2021 - 2022**

I understand and agree to the following fees and tuition payment schedule:

- Both the Registration fee and the fall supply fee are due at registration and are non-refundable.
- One month’s tuition and technology fee are due in advance at registration for newly enrolled families and no later than May 1, 2021 for returning families. Tuition and technology fees are non-refundable and are applied toward the May 2022 payments.
- In the event of withdrawal, I agree to give Sonshine Kids a 30-day notice. In the event less than 30 days’ notice is given, I understand that I must pay that month’s tuition in full. I further understand the May 2022 tuition will not be applied toward any other month’s tuition, as it is non-refundable.
- Tuition and fees will not be prorated for any reason and are due September through April.
- Spring supply fee is due January 1, 2022.
- Tuition is due on the first day of each month for the current month. **If tuition is not paid by the 5th of the month, it is considered late and a late fee of \$5.00 per day will be assessed to your child’s account until payment in full is received.**
- Checks returned for insufficient funds will have a fee of \$30.00 posted to your child’s account.

I further acknowledge that all fees and tuition payments have been explained in full. I hereby agree to enroll my child, _____, in Sonshine Kids Preschool at Flower Mound United Methodist Church in the following class and to pay the tuition and fees associated with the class checked below:

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Signature – Parent or Legal Guardian

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Fees and Tuition Parent Page 2021 - 2022 (Keep for your Records)

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