



Sonshine Kids Preschool Flower Mound United Methodist Church Registration Packet 2020-2021

Registration for the 2020-2021 school year will open on Tuesday, January 21st at NOON in the main preschool foyer. Please check the desired class you would like to enroll your child in for the 2020 - 2021 school year.

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

Registration is on a first come, first served basis. Must bring completed packet (except Health Form), with registration & fall supply fee. May 2021 Tuition is due by May 31, 2020. No online payments please. The Health Form with Immunization Record and Hearing & Vision (age 4+) is due no later than August 18th.

Class Choice	Class	Days	Times	Registration Fee	Semesterly Supply Fee	Monthly Tuition
	Toddler *Must be 18 months old	T, TH	9:00 – 1:00	\$110	\$80	\$205
	2-Year-Old	T, W, TH	9:00 – 1:00	\$110	\$105	\$245
	2-Year-Old	T, W, TH	9:00 – 2:00	\$110	\$105	\$255
	3-Year-Old *Must be potty trained	T, W, TH	9:00 – 1:00	\$110	\$105	\$245
	3-Year-Old *Must be potty trained	T, W TH	9:00 – 2:00	\$110	\$105	\$305
	Pre-K	T, W, TH	9:00 – 1:00	\$110	\$105	\$285
	Pre-K	T, W, TH	9:00 – 2:00	\$110	\$105	\$315
	Pre-K	T, W, TH, F	9:00 – 2:00	\$110	\$130	\$345
	Pre-K	M – F	9:00 – 2:00	\$110	\$130	\$375
	Kindergarten	M – F	9:00 – 2:00	\$110	\$155	\$390

FOR OFFICE USE, ONLY:

Class Age:

T ___ 2 ___ 3 ___ PK ___ K ___

Days Attending:

M ___ T ___ W ___ Th ___ F ___

Hours Attending:

9:00-1:00 ___ 9:00-2:00 ___

Time Stamp: Received on _____ @ _____

Date of Admission: _____

Reg/Supply Fee \$ ___ cash/ck # ___ pd ___

May tuition \$ ___ cash/ck# ___ pd ___



REGISTRATION FORM

STUDENT INFORMATION				
Child's Full Name		Child's Date of Birth	Child's Age on 9/1/20	
Child's Home Address		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)			Email	
Father's Employer:				
Mother's Name		Driver's License Number	Cell phone number	Home phone number
Address (If different from child's address)			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 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.				
In addition to parents/guardians, the following may be called in an emergency and are authorized to transport the child from school				
Name	Address	Driver's License Number	Phone Number	Relationship
I hereby authorize Sonshine Kids Preschool to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
Name:	Address	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**

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

MEDIA WAIVER

I hereby give permission for my child to be filmed or photographed by Sonshine Kids Preschool. If my child's picture is used for any media publication (newspaper, Shutterfly or the church website), I will not expect compensation. No names will be used.

Yes No

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 2020-2021**

Child'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.
- 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 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.**

OR

- My child has an appointment for a physical examination on (date) _____ and I will submit the statement immediately following the examination.

Name address and phone number of the child's physician:

Physician's Name _____

Address _____

phone _____

Parent Signature _____ Date _____

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 a copy of my child's most recent immunization record
- I have provided Sonshine Kids with a copy of a State Affidavit of Exemption

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

VISION	R 20/____	L 20/____	____ PASS	____ FAIL
Screener Signature: _____				
DATE: _____				
HEARING				
Right	____ PASS	____ FAIL		
Left	____ PASS	____ FAIL		
Screener Signature: _____				
DATE: _____				

ALLERGY INFORMATION *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

*If you answered **YES** there must be an emergency protocol form (form 7238) 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.



**Sonshine Kids Preschool
Flower Mound United Methodist Church
TUITION AND REQUIRED FEES AGREEMENT
2020-2021**

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

- Both the Registration fee and the fall supply fee are due at registration (both fees are non-refundable)
- One month's tuition in advance is due at registration for newly enrolled families and no later than May 31, 2020 for returning families. (tuition is non-refundable) – this goes toward May 2021 tuition.
- In the event of withdrawal, I agree to give Sonshine Kids a 30-day notice. In the event that less than 30 days' notice is given, I understand that I must pay that month's tuition in full.
- Tuition and fees will not be prorated for any reason and is due September through April.
- Spring supply fee is due the first day of class in January 2021.
- Monthly Tuition is due for the current month on the first school day of the current month. **If tuition is not paid by the 5th of each month, it is considered late and a late fee of \$25.00 will be assessed.**
- 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:

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