

SUNSHINE PRESCHOOL 2020-2021 REGISTRATION FORM

Registration Date _____ EMAIL ADDRESS: _____

Attendance Center

_____ Lennox _____ am session (3 yr. olds and younger 4 year olds) _____ 4 – ½ day _____ 2 – ½ day
_____ pm session (kids going on to kindergarten the following year) _____ 4 – ½ day _____ 2 – ½ day

IF 2 ½ days which days do your prefer MON/WED or TUES/THURS not guaranteed, but will do my best to accommodate.

_____ Worthing _____ AM session _____ 4 – ½ day _____ 2 – ½ day (MON/WED or TUES/THURS)

Will your child be riding the community white bus? Y _____ N _____

Child's Name _____

_____ Last	_____ First	_____ Middle	_____ Nickname
Address _____ Street and Mailing Address	_____ City, State	_____ Zip Code	

Home Telephone _____ Sex: M _____ F _____ Birthdate _____/_____/_____
M D Y

Race: White Indian Black Asian Hispanic

Mother's Name/Legal Guardian _____

Employer & Business Phone _____

Morning or Night Shift (please circle) Cell phone _____ text available? Y or N

Father's Name/Legal Guardian _____

Employer & Business Phone _____

Morning or Night Shift (please circle) Cell phone _____ text available? Y or N

Child lives with _____ Name and relationship to child (mother, father, both parents, legal guardian, step-parent etc.)

Are there any legal restrictions as to who cannot pick up your child from preschool? _____ Yes _____ No
If yes, please list those restricted (please provide picture(s) with full name(s) _____

Name(s) & age(s) of other children in household _____

Daycare Provider's Name _____

Address & Phone Number _____

In case of emergency if parents are unavailable or cannot be reached:
 Alternate contact person (name & relationship) _____ Phone number(s) _____
 Second alternate contact person _____ Phone number(s) _____
 Family Physician _____ Phone number _____
 Hospital of preference: _____

Please list any illness, allergies, and/or special medical conditions (food allergies, diabetes, seizures, bee sting reactions, etc.)

Please check of your child shows a tendency towards being:
 _____ right-handed _____ left-handed _____ no preference at this time

I HEREBY GRANT PERMISSION:

1. For my child to use all of the play equipment and to participate in all of the activities of the preschool.
2. For my child to leave school premises under the supervision of a staff member for neighborhood walks or special excursions to places of interest in authorized vehicles.

SIGNED _____ DATE _____

A non-refundable registration fee of \$20.00 is due with this form. Payment of the registration is required to enroll your child and classes are filled on a first-come, first-served basis. Tuition is \$145.00 per month for full-time students and \$85.00 for part-time students., reminders will be sent out at the end of the month. A \$15.00 late fee will be charged to payments received after the 7th of the month. **4 day students will have preference, but if the 4 – ½ day classes are not full,** we will allow students to attend 2 – ½ days per week (days will be set by CLW). If you only want the 2-day option, please indicate that on the front of this registration form and if the classes are full, your registration fee will be refunded. Questions can be directed to Sheryl Ledeboer at 647-2203 or email Sheryl.ledeboer@k12.sd.us. Please make checks payable to CLW and mail to address listed below.

CLW
 Sheryl Ledeboer
 PO Box 38
 Lennox, SD 57039

605-647-2203
Sheryl.ledeboer@k12.sd.us

The Senior Citizens bus is available for students in need of transportation, please call Gene Valentine at 605-496-4069 for more information. Sunshine preschool is no longer providing transportation, please contact Gene at the above number for your needs.