



# Preschool Registration Form 2023 - 2024 School Year

Office use:	
<input type="checkbox"/>	Fee _____
<input type="checkbox"/>	Pro _____
<input type="checkbox"/>	SS _____ W _____

This contract has been made between the parent/legal guardian and SonLight Preschool.

Date submitted \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Please circle: Boy Girl

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address (to receive newsletters): \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address (to receive newsletters): \_\_\_\_\_

Number of days you would like your child to attend PRESCHOOL (please circle one): 1 2 3 4 5

Please circle the DAYS YOU WOULD LIKE your child to attend our PRESCHOOL PROGRAM from 9:15 AM-1:15 PM.

Monday      Tuesday      Wednesday      Thursday      Friday

Are you flexible on the days? Yes No

**\*\*IF YOUR CHILD NEEDS EXTENDED CARE, PLEASE FILL OUT THE INFORMATION BELOW. \*\***

Number of days you would like your child to attend BEFORE CARE (please circle one): 1 2 3 4 5

Please circle the DAYS YOU WOULD LIKE your child to attend BEFORE CARE 7:30 AM-9:15 AM.

Monday      Tuesday      Wednesday      Thursday      Friday

Number of days you would like your child to attend AFTER CARE (please circle one): 1 2 3 4 5

Please circle the DAYS YOU WOULD LIKE your child to attend AFTER CARE 1:15 PM-4:30 PM.

Monday      Tuesday      Wednesday      Thursday      Friday

Registration fee for the 2023-2024 school year is \$75 and must be turned in with the registration form.

Registration fee can be paid with cash, check or money order.

**\*\*\*FEES ARE NON-REFUNDABLE and NON-TRANSFERABLE\*\*\***

SonLight Preschool will open on the Tuesday after Labor Day and end on the Wednesday before Memorial Day. We will be closed on Election Day, Wednesday through Friday of Thanksgiving week, two weeks at Christmas, Good Friday, and one week for Spring Break. **Fees are divided into nine equal monthly payments.**

Please initial each item and sign below.

\_\_\_\_\_ I give permission to allow a class pet in my child's classroom and at SonLight.

\_\_\_\_\_ I will give a two-week written notice if I choose to leave the program for any reason.

\_\_\_\_\_ I understand SonLight Preschool will give a two-week written notice if this contract is cancelled; however, immediate termination may result due to nonpayment of fees.

\_\_\_\_\_ I understand that pick up time is 1:15 p.m.

*SonLight Preschool loves to take pictures of our wonderful children. Our pictures are used in the classroom, on hallway bulletin boards, and SonLight's Facebook group page and website. From time to time, community newspapers take pictures of the children playing on the playground or taking a walk. Our program will notify you if your child's picture has been taken for a newspaper.*



\_\_\_\_\_ I give permission for SonLight Preschool to take pictures of my child to be used **in the classroom and hallway bulletin boards.**

\_\_\_\_\_ I give permission for SonLight Preschool to take pictures of my child to be used on the **private group Facebook page.**

\_\_\_\_\_ I give permission for SonLight Preschool to take pictures of my child to be used on the **SonLight website.** (We do not put names on this site.)

**It is helpful to know a little about your child. Please complete the following.**

How old is your child? \_\_\_\_\_ Is your child potty trained? Yes No In training

Does your child have any siblings? \_\_\_\_\_ What are their names and ages? \_\_\_\_\_

Has your child attended Preschool in the past? \_\_\_\_\_ If so, where? \_\_\_\_\_

Tell us a little about your child's likes and dislikes. \_\_\_\_\_

Is there anything else you feel we should know? \_\_\_\_\_

Emergency Medical Information/Release  
(Must be on file before child enters preschool)



This form is to be completed and signed by the child's parent or legal guardian.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

In the event the child named above is injured or ill, I understand that SonLight Preschool will attempt to contact the legal guardian/parents. If we are not available, I give permission to SonLight Preschool to provide first aid to the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to my hospital of choice listed here.

My hospital of choice \_\_\_\_\_

Primary Care Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

**EMERGENCY CONTACTS**

**DO NOT INCLUDE PARENT/GUARDIAN NAMES HERE. THEY WILL ALWAYS BE THE FIRST CHOICE TO CONTACT.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

I agree to the terms of this contract.

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date





The monthly pay schedule is as follows:

### Infants

	<b>Before School Care 7:30-9:15</b>	<b>Preschool Program 9:15-1:15</b>	<b>After School Care 1:15-4:30</b>
1 day	\$43/month	\$93.40/month	\$76.60/month
2 day	\$85/month	\$185.80/month	\$152.20/ month
3 day	\$127/month	\$278.20/month	\$227.80/ month
4 day	\$169/month	\$370.60/ month	\$303.40/month
5 day	\$211/month	\$463.00/month	\$379.00/month

### Toddlers

	<b>Before School Care 7:30-9:15</b>	<b>Preschool Program 9:15-1:15</b>	<b>After School Care 1:15-4:30</b>
1 day	\$43/month	\$89.20/month	\$72.40/month
2 day	\$85/month	\$177.40/month	\$143.80/month
3 day	\$127/month	\$265.60/month	\$215.20/month
4 day	\$169/month	\$353.80/month	\$286.60/month
5 day	\$211/month	\$442.00/month	\$358.00/month

### Preschooler

	<b>Before School Care 7:30-9:15</b>	<b>Preschool Program 9:15-1:15</b>	<b>After School Care 1:15-4:30</b>
1 day	\$43/month	\$85.00/month	\$69.25/month
2 day	\$85/month	\$169.00/month	\$137.50/month
3 day	\$127/month	\$253.00/month	\$205.75/month
4 day	\$169/month	\$337.00/month	\$274.00/month
5 day	\$211/month	\$421.00/month	\$342.25/month

### Pre- K

	<b>Before School Care 7:30-9:15</b>	<b>Preschool Program 9:15-1:15</b>	<b>After School Care 1:15-4:30</b>
1 day	\$43/month	\$80.80/month	\$66.10/month
2 day	\$85/month	\$160.60/month	\$131.20/month
3 day	\$127/month	\$240.40/month	\$196.30/month
4 day	\$169/month	\$320.20/month	\$261.40/month
5 day	\$211/month	\$400.00/month	\$326.50/month

**A non-refundable registration fee of \$75.00 is required at time of registration.**

Payment is due on the 1st of the month. There is a \$5 per day late fee after the 5<sup>th</sup> of the month.

We accept cash, check, money order, debit card, VISA and Mastercard. There will be a \$75 fee for returned checks. There will be a charge for any declined cards based on what the debit or credit card company charges.

**Drop-in Fee is \$28.00 per Day (9:15 AM-1:15 PM)**