2022-2023 Registration INFORMATION

WELCOME TO SonShine Christian Academy! We are excited about sharing a new school year with you and your child. Our entire staff is committed to your child's spiritual, physical, intellectual, emotional and social development in a Christ-centered environment of love, care, learning, safety and acceptance.

STUDENT REGISTRATION Complete the attached forms and return them to the SonShine Academy Office along with the following requested items:

- ❒ **Registration & Agreement Forms**
- ❒ **Immunizations** *(copy- dated 2022)*
- ❒ **Parent Handbook Acknowledgement**
- ❒ **Registration / Curriculum Fee** *(non-refundable)*
- ❒ **Birth Certificate** *(copy–new students)*

Rates:
PreK3-4 Standard Day:
5 days per week $150
3 days per week $120
*We offer 10% tuition discount for additional children per family

Registration Fee (non-refundable)
Pre-K 3 and Pre-K 4: $150.00 per application

SUPPLY FEE (non-refundable):
Pre-K 3 and Pre-K 4:
$100 August / $100 January

Schedule
STANDARD DAY: Drop off 7:30-8:00 a.m. Pickup by 5:30p.m.

SonShine Academy ORIENTATION Parent orientation will be held with the director or assistant director by appointment. The director will hand out and review the SonShine Parent Handbook, important school information and the finalized SonShine 2022 School Calendar. You may wish to visit your child's classroom and meet with his or her teacher. If you enroll after the scheduled parent orientation, the director or assistant director will go over the handbook information with you upon registration.

FIRST DAY OF CLASSES: Mon. August 15th
STANDARD DAY: Drop off 7:30-8:00 a.m. Pickup 3:00-3:30 p.m.

SonShine Learning Academy ⬟ 2401 Savanah St ⬟ Fort Smith, AR 72908
479-646-2671 ⬟ email: sonshine@rivervalleynaz.org

2021 STUDENT REGISTRATION

Child's Legal Name: _____

Child Goes By:_____Male ( ) Female ( ) Date of Birth: _____

FAMILY INFORMATION

Mother's Name:_____Mother's Cell Phone # _____

Father's Name:_____Father's Cell Phone # _____

Home Address: _____

City:_____Home Phone #: _____

State:_____Zip:_____Email: _____

Names and Ages of Siblings: _____

Marital Status of Parents: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed/Widower

If divorced, person having legal custody of child: _____

Mother's Place of Employment: _____

Mother's Work hours:_____Mother's Work Phone #: _____

Father's Place of Employment: _____

Father's Work hours:_____Father's Work Phone #:_____

MEDICAL INFORMATION

Any medical conditions we should be aware of? _____

Child's Physician:_____Phone: _____

Does your child have food, outside, inside or animal allergies? ( ) Yes ( ) No If yes, explain: _____

_____

Allergy Treatment, if any: _____

List all medications your child takes _____

Is Epi-pen required?_____(If yes, please attach Allergy Action Plan) Is your child toilet trained? ( ) Yes ( ) No What words are used for toileting? _____

Enrollment (select one)

_____ 5 days per week

_____ 3 days per week

Please check any that apply:

	Asthma		German Measles
	Bed Wetting		Mumps
	Biting		Polio
	Chicken Pox		Prolonged Illness
	Chicken Pox Vaccine		Rubella
	Defective Heart		Seizures
	Diabetes		Surgeries
	Fainting Spells		Sunburn Sensitivity
	Frequent Colds		Tested Positive for Tuberculosis
	Frequent Ear Infections		Whooping Cough
	Frequent Throat Infections		Other:

Has your child been tested for vision? ( ) Yes ( ) No If yes, when? _____

Results:_____

Other conditions or comments: _____

EMERGENCY CONTACTS (Other than parents)

1. Name:_____ Relationship:_____
   Home Phone:_____ Cell: _____
2. Name:_____ Relationship:_____
   Home Phone:_____ Cell:_____
3. Name:_____ Relationship:_____
   Home Phone:_____ Cell:_____

AUTHORIZED PICK-UP PERSONS (Other than parents)

1. Name:_____ Relationship: _____
2. Name:_____ Relationship: _____
3. Name:_____ Relationship: _____
4. Name:_____ Relationship: _____

List anyone who is <u>NOT</u> allowed to pick up your child/children?

Name:_____ Relationship:_____

Name:_____ Relationship: _____

BIRTH CERTIFICATE AND IMMUNIZATION RECORD

All children must have currents immunizations and a legal birth certificate to register with Sonshine. For new students to Sonshine, please attach a copy of your **child's birth certificate** and **current immunization record** to this registration form. A child's enrollment may be suspended if the required documents have not been turned into the Sonshine office within two weeks of registration.

SonShine Academy
PARENTAL AGREEMENT

1. I will provide a copy of my child's immunization records to SonShine Academy within two weeks of enrollment. Parent Initials: _____

2. Tuition Payments are due by the 5th each month. I understand that a $15 fee will apply for payments exceeding the 10th. Returned check fee is $25. Parent Initials: _____

3. Standard Drop-off time is 7:45 to 8:00 am and Pick-up time is 3:00 to 3:30 p.m. Extended Care Drop-off times is 7:15- 7:45 a.m and Extended Care Pick-up time is 5:00-5:30 pm. A late fee of $1.00 per minute may be assessed after 5:30p.m. Parent Initials: _____

4. I give permission for my child, to be photographed in activities related to SonShine. I understand that these photographs are for the purposes of documenting my child's progress and/or promotional materials. Parent Initials: _____

5. I understand that discipline at SonShine will consist of positive reinforcement, redirection, and time out procedures. Parents of a child demonstrating significant behavior difficulties may be requested to attend a parent teacher conference. Parent Initials: _____

6. SonShine is a peanut/nut product FREE environment. No food, play items, etc. are to be brought into the building containing nuts or nut products. Due to Health Department rules homemade treats are NOT permitted. Parent Initials: _____

7. I give my consent for SonShine Academy staff to apply sunscreen to my child as needed. Parent Initials: _____

8. All medications require written instructions and parental authorization on a SonShine medication form. All prescription medications must be in the original container with the prescription label attached. Parent Initials: _____

9. SonShine retains the right to dismiss any student at any time. I understand that I may request a conference with the Director or my child's teacher at any time. Parent Initials: _____

10. I do herby request and give consent to the Director of SonShine at River Valley Church of the Nazarene or a duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. I also authorize any necessary transportation for such care, whether by emergency vehicle or by private vehicle. Parent Initials: _____

Child's Name: _____

Parent Signature: _____ Date: _____

Parents Name Printed: _____

SonShine Academy
STUDENT PROFILE

CHILD'S NAME: _____ Date: _____

My child likes to be called: _____ Date of Birth: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Work Phone : _____

Father's Name: _____ Father's Cell Phone : _____

Father's Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Names and Ages of Siblings: _____

My child really likes: _____

My child doesn't like: _____

Child is toilet trained? ( ) Yes ( ) No Words used for toileting? _____

What comforts your child if they are hurt or upset? _____

Does your child nap? ( ) Yes ( ) No Special nap routines? _____

What language do you speak at home? _____ Do you need a translator? ( ) Yes ( ) No

What are some goals that you have for your child this year? _____

_____

Special feeding or nutrition information _____

_____

AUTHORIZED PICK-UP PERSONS (Other than parents)

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____
3. Name: _____ Relationship: _____

MEDICAL INFORMATION

Any medical conditions we should be aware of? _____

Does your child have food, outside, inside or animal allergies? ( ) Yes ( ) No If yes, explain: _____

_____

Allergy Treatment, if any: _____ Epi-Pen ( ) Yes ( ) No

Medications my child takes: _____