



(A Ministry of Westminster Presbyterian Church)
1925 Boulevard Rd SE, Olympia, WA 98501

2023-2024 REGISTRATION FORM

To ensure that your child's spot is reserved at Sunshine Preschool, an \$80.00 non-refundable registration fee must be returned with this form.

Please check preference:

- _____ **2 days--** Tues/Thurs A.M. Preschool class (2 ½ - young 4-yr. olds) 9:00am-11:30am
_____ **3 days--** Mon/Wed/Fri A.M. Pre-Kindergarten class (4's - 5-yr. olds) 9:00am-12:00pm
_____ **3 days--** Mon/Wed/Fri P.M. Pre-Kindergarten class (4's - 5-yr. olds) 12:30pm-3:00pm
_____ ***5 days--** M/W/F A.M. & T/Th A.M. 9am-12pm/9-11:30am

* This class is for Pre-K age children. (Children who will be going on to kindergarten the following year)

Child's Name _____ Sex _____

Birth Date _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Mailing Address:

_____ (street) _____ (city) _____ (state) _____ (zip)

Parent/Guardian 1 _____ Parent/Guardian 2 _____
(Name) (Name)

Primary address: _____

Secondary address (if applicable) _____

Phone: 1- _____ 2- _____

Please circle (Home/Mobile/Primary Is this # text able? - Y/ N) (Home/Mobile/Primary Is this # text able? - Y/ N)

E-Mail (Please write clearly) _____ / _____
(Parent/Guardian 1) (Parent/Guardian 2)

Church affiliation (if any): _____

Employer for Parent/Guardian1 _____ WorkPhone _____

Employer for Parent/Guardian2 _____ WorkPhone _____

HEALTH HISTORY

Physician _____ Phone _____

Date of last complete physical examination: _____

Is child under doctor's care for any health condition(s)?

Dentist _____ Phone _____

Date of last dental checkup: _____

SOCIAL RELATIONSHIPS

Has child had experience with other children at home in groups

FOOD HABITS OR PROBLEMS

Comments: _____

Allergies: _____

TOILET HABITS

_____ Assistance needed? _____

Do you have an occupation, talent, skill, or hobby that you would like to share with the preschool sometime this year? If yes, what is it _____

How did you hear about Sunshine Preschool? _____

AUTHORIZATION

In case of a medical emergency during which the parent/guardian cannot be reached, I authorize the preschool staff to obtain the necessary treatment for my child while he or she is at Sunshine Preschool. Parents/Guardians will be responsible for all medical expenses and hereby release Sunshine Preschool from liability.

Signed _____ Date _____
(Parent/Guardian)