



Highland Christian School's
Sunshine Enrichment Center - Preschool Registration Form

Please complete this form for each child who is registering in the Sunshine Enrichment Center and return it to the HCS office with your \$40.00 registration fee.

Registration Rec'd Date _____
 Registration Paid Date _____
 JM _____ RF _____ SJ _____

Section 1. Child's Information

Student Name _____ Date of Birth _____ Gender _____
 last first middle Phone _____ Begin Date _____

May we include your child's address and home phone in a school directory? YES NO
 May we use your child's picture for publicity purposes? YES NO

Section 2. Family Information Please only list phone numbers that the Center may call if a parent/guardian needs to be reached.

Mother/Guardian _____ Father/Guardian _____
 Home Phone # _____ Home Phone # _____
 Cell Phone # _____ Cell Phone # _____
 Email Address _____ Email Address _____
 Employer _____ Employer _____
 Occupation _____ Occupation _____
 Work Phone # _____ Work Phone # _____

If divorced, who has legal custody? _____

Child lives with _____ Relationship to child _____
 Address _____
 street city state zip

Billing Address _____
 street city state zip

Church Affiliation _____

Lives in home: Name _____ Relationship _____ Age _____
 Name _____ Relationship _____ Age _____
 Name _____ Relationship _____ Age _____
 Name _____ Relationship _____ Age _____

Section 3. Billing Information

Class Options: Choose class and time of day.

- 2 Day (T/Th) _____ AM _____ PM *child must be 3 by September 1
- 3 Day (M/W/F) _____ AM _____ PM * child must be 4 by September 1
- 5 Day (M-F) _____ ½ Day _____ Full Day * child must be 4 by September 1

If your child is enrolling in the five full day class you have the option of these additional services. Please check below if these are desired.

- Milk _____ yes _____ no
- Bus _____ AM only _____ PM only _____ both ways

Section 4. Emergency Contacts if parent/guardian cannot be reached.

Name _____ Name _____
 Relation to Child _____ Relation to Child _____
 Primary Phone # _____ Primary Phone # _____
 Secondary Phone # _____ Secondary Phone # _____

Section 5. Health History:

Food Allergies? YES NO If yes, please list. _____
 Other Allergies? YES NO If yes, please list. _____
 Medications taken regularly? YES NO If yes, please list. _____
 Health problem or handicap YES NO If yes, please list. _____

Section 6. Authorization to Pick Up Child from the Sonshine Enrichment Center

Name _____	Relationship _____	Phone # _____	Authorized	Yes	No
Name _____	Relationship _____	Phone # _____	Authorized	Yes	No
Name _____	Relationship _____	Phone # _____	Authorized	Yes	No
Name _____	Relationship _____	Phone # _____	Authorized	Yes	No

Emergency contacts listed have my authorization to pick up my child from the Sonshine Enrichment Center with staff knowledge. Initials _____

Sonshine Enrichment Center Purpose Statement

Sonshine Enrichment Center has been developed to provide a secure, loving Christian environment where children can develop spiritually, socially, emotionally, intellectually, physically and creatively.

Section 7. Parent Contract

The signature below indicates that we desire to enroll our children for the 2012-2013 school year and agree to the following:

- a. A \$40 registration fee will be charged to my account. The fee is non-refundable.
- b. We agree to make timely tuition payments to Highland Christian School. Attendance may be withheld until delinquent accounts have been paid.
- c. We have read and will support the Sonshine Enrichment Purpose Statement.

As parents and/or guardians of the children listed for registration, I have read and agree to items a-c above.

Signature: _____ Date: _____

Section 8. Parent Assessment of Child

1. Would you indicate your preference concerning the following:
 - a. What name do you want us to call your child at school? _____
 - b. How would you like to have your child write his/her name at school? _____
2. Does your child use his left hand or his right hand to cut, color, eat, etc?
 _____ prefers right _____ prefers left _____ uses both hands
3. Has your child done any cutting? _____ coloring? _____ painting? _____ glueing? _____
4. Does your child have any physical, mental, or emotional difficulties which receive special attention?
 Explain: _____

5. Does your child have any speech defect? No _____ Yes _____
 Explain: _____

6. Has your child experienced any traumatic situations? No _____ Yes _____
 Explain: _____

7. Does your child respond to authority with an accepting spirit? _____
8. How does he react when corrected? _____

9. What form of discipline works well with your child at home? _____

10. Is your child looking forward to pre-school this fall? _____
11. What are you hoping your child will gain from attending this pre-school? _____

12. Do you (as parents) have any interest, hobby, job, etc. that would be fun to share with the children?
 E.g. police officers, doctors, nurses, butchers, veterinarians, florists, postmen, bakers, physical therapists, chefs, artists, musicians, hygienists, dentists, firemen, missionaries, pastors, etc.
 Mom? _____
 Dad? _____
 Do you know someone else who would be willing to share with us?
 Name _____ Name _____