

OFFICE USE ONLY

<input type="checkbox"/> REGISTRATION _____	<input type="checkbox"/> SCHOOL YEAR ____/____
<input type="checkbox"/> BOOKS/SUPPLIES _____	<input type="checkbox"/> GRADE _____
<input type="checkbox"/> TUITION _____	<input type="checkbox"/> DISTRICT _____

## REGISTRATION FORM (SUNSHINE NURSERY)

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ (if different from student)

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ (if different from student)

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (if parent or guardian is not available \*Required\*)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Is there any medical information we need to know? (allergies, medication, medical conditions etc.)** \_\_\_\_\_

Previous School Day Care \_\_\_\_\_ Phone \_\_\_\_\_

If private, have all financial responsibilities been met? Yes ☐ No ☐

Church your family attends \_\_\_\_\_ Phone \_\_\_\_\_

In what church programs is your child involved? (e.g. youth, choir, royal rangers, etc.)

\_\_\_\_\_ Pastor Name \_\_\_\_\_

How did you hear about Sunshine Nursery? \_\_\_\_\_

Why do you want your child to attend Sunshine Nursery \_\_\_\_\_

Special services your child receives (if any):

☐ Resource Room ☐ Physical Therapy ☐ Speech ☐ Occupational therapy ☐ Other \_\_\_\_\_

Languages spoken at home if other than English: \_\_\_\_\_

The following forms and information must be made available to LEBCS before students begin school:

- Birth certificate
  - Current immunization record
  - Current Physical
  - Progress report if student is transferring from another school
- \*Students enrolling for the first time may be required to take a placement exam.

## FINANCIAL INFORMATION

If a student is transferring from another private school, all financial responsibilities at that school must be satisfied before registration at LEBCS will be approved.

- Fees for registration, books and supplies, and first month's tuition must be paid before school starts.
- Subsequent monthly tuition payments are due on the 1st of the month beginning in August and ending in May.

A late fee of \$20 is assessed if tuition is not received by the 10th of the month. If tuition and fees are not paid by the end of any month, students will not be permitted to return to school the following month.

- Registration fee is non-refundable.
- Book and supply fee is non-refundable once the school year begins.
- A full month's tuition is due for any part of the month in which a student attends LEBCS.

The parent(s) or guardian who will be responsible for making tuition payments must sign below.

I have read and agree with the policies of the Sunshine Nursery School. I also understand my financial obligation to the school and agree to make payments on time and in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_