

Registration Fee **\$50** _____
Supply Fee **\$85** _____ **\$50** _____
Total _____ CK# _____
(Office use only)

Toddlers 2 3 4 Pre-K

IRIS _____

Sonlight Preschool
4500 Wesley
Amarillo, TX 79119
806-350-5882

Child's Name _____ Nickname _____

Male / Female Birth date _____ / _____ / _____ Age on Sept.1 _____

Address _____ City _____ Zip _____

Mother's name _____

Occupation _____

Home () _____ Cell () _____ Work () _____

E-Mail Address _____

Dad's name _____

Address (if different from child's) _____

City _____ Zip _____

Occupation _____

Home () _____ Cell () _____ Work () _____

Daytime Primary Caregiver _____ Phone () _____

In case of an emergency, please call (other than parents):

Name _____ Phone () _____

Relationship to child _____

Name _____ Phone () _____

Relationship to child _____

Name _____ Phone () _____

Relationship to child _____

IF ANY OF THE INFORMATION GIVEN BELOW CHANGES, I AGREE TO NOTIFY THE SONLIGHT OFFICE IMMEDIATELY.

Please attach a recent copy of the child's Immunization Record.

Child's Doctor _____

Phone () _____

Allergies, medication taken of other information which should be known about the child and his/her health

Consent to medical treatment and medical information:

In the event that medical treatment for the child named above is required during the course of activities Sonlight School, I hereby give my authorization to any adult who then has care and control of the child to consent to medical treatment of the child.

I understand that an effort will be made to contact me concerning such medical treatment as soon as practicable and that I will be financially responsible for any and all medical treatment provided pursuant to this consent.

I hereby affirm that I am the parent and/or guardian of the child named above and have full legal authority to consent to his or her medical treatment. I hereby authorize any health care provider to accept a copy of this form as effective.

Signature of parent or guardian

Date

Arrival and Departure of child

To ensure the safety and security of your child, we ask that you provide us with the following information:

I, _____, give my permission for Sonlight to release my child to the following people:

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

If an individual is not listed on the above security form, we must have written or verbal permission from a parent in order to release the child. **In addition, we ask that you provide the person with a parent's driver's license number.** We will ask for this number in order to release your child.

Parent's Driver's License Numbers:

Father _____

Mother _____

These people are not allowed to pick up my child:

Signature of parent or guardian

I would be willing to volunteer in the following areas:

_____ Substitute
_____ Other (Please specify)
_____ Field Trips

_____ Help with special events
_____ Community Helpers