



SonShine Christian Preschool

Student Admission Application 2017/2018

Registration fee* is due upon receipt of Student Admission Application

Student Name _____
First Middle Last

Parent Name _____
First Middle Last

Parent Name _____
First Middle Last

Home Address _____
Street City Zip

Mailing Address _____
Street City Zip

Phone Number _____
Home Cell

Email Address _____

Student's Date of Birth _____
Month Day Year

Requested Attendance Track Please see Reverse for details:

Track A ☐ B ☐ Preschool Only ☐ & Half day ☐ Full Day ☐

Number of days:

☐ Tuesdays & Thursdays: Registration Fee* _____

☐ Monday, Wednesdays & Fridays: Registration Fee* _____

☐ Any four days: _____ Registration Fee * _____

☐ Mondays, Tuesdays, Wednesdays, Thursdays & Fridays:
Registration Fee* _____

Student's Allergy/Asthma Needs

Place a check next to one or more of the following:

☐ Inhaler

☐ Nebulizer

☐ EpiPen ~ What is the allergy? _____

☐ Other _____

☐ None of the Above ~ Student does not have allergy/asthma needs

Student must be three years old and potty-trained by first day of preschool

* Your registration fee holds your student's spot and pays for all of the snack and supplies needed for the school year. This Registration fee is non-refundable.

Office use only:

Date received _____ Received by _____

Amount \$ _____ Check # _____

Please make check
payable to

First Baptist Church