



School Year 2022-2023 New Returning

Sunshine Kids Preschool

APPLICATION & REGISTRATION FORM

1721 West 10th Street
 The Dalles, Oregon 97058
 Preschool (541) 506-2242
 Fax (541) 296-3451

Student Name (Last):		Student Name (First):	
Home Address of Student (Street, State, Zip Code):			
Mailing Address (if different):			
DOB:	Primary Language(s):	Gender:	
<u>Parent/Guardian #1:</u>	Relationship to Student:	Preferred Language(s):	
Phone (Home/Cell):	Phone (Work): Employer:	Email:	
Home Address (if different than student):			
<u>Parent/Guardian #2:</u>	Relationship to Student:	Preferred Language(s):	
Phone (Home/Cell):	Phone (Work): Employer:	Email:	
Home Address (if different than Guardian #1):			

Optional Student Information- Child's race/ethnicity (check all that apply):

- American Indian or Alaskan Native
- Black or African American
- Asian
- White
- Hispanic or Latino Origin
- Native Hawaiian or Pacific Islander
- Other: _____

Is your child enrolled in:

Migrant Education Program? Yes No

Early Childhood Special Education? Yes No

Class Options & Tuition Costs:

Please indicate which session you are interested in:

	Student Ages	Days and Times	Tuition
AM	4 to 5 years old	Monday through Friday 8:45 to 11:45	\$240.00
PM	3 to 5 years old	Monday/Tuesday/Thursday/Friday 12:45 to 3:45	\$200.00

Please note: Students must be 3 years of age by September 1 for enrollment

SIGNATURES	
I give permission for my child to participate in Sunshine Kids Preschool and affirm all information disclosed in this registration packet regarding my child is accurate to the best of my knowledge.	
Signature of parent/guardian	Date

***Submitting this application does not ensure enrollment. You will be notified regarding the status of your application**

****Please provide a copy of your child's Immunization Record**

Additional Student Information:

Who is allowed to pick up your child from school?

Name/Relationship to Child Phone #

Name/Relationship to Child Phone #

Name/Relationship to Child Phone #

Name/Relationship to Child Phone #

EMERGENCY CONTACT OTHER THAN PARENTS #1		
Emergency Contact Name(s):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to Student:		
EMERGENCY CONTACT OTHER THAN PARENTS #2		
Emergency Contact Name(s):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to Student:		
STUDENT MEDICAL INFORMATION		
Any health concerns, physical disabilities or chronic illness that would limit your child's activities? If yes, please specify:		