



Registration Form – 2015-2016

Registration Procedures:

1. Fill out and return attached form with a \$30.00 (\$50.00 Family Max) Non Refundable Registration Fee. (Check/Money Order) MAKE CHECK PAYABLE TO: NWHC, Memo: Sonshine Preschool

2. DROP OFF/MAIL TO:

Sonshine Preschool
ATTN: Courtney J. Siefert
5206 E. Willock Road
Pgh, PA 15236

3. A complete Information Packet will be mailed out to you once Fee and Registration Form has been received. Packets are normally mailed out by July.

4. One Registration Form per child must be completed.

5. **CLASS SPOTS ARE AVAILABLE ON A FIRST COME, FIRST SERVE BASIS.** If your child does not receive a spot in the requested class, your cancelled check will be sent back to you with a letter of notification.

6. Please feel free to contact Courtney J. Siefert with any additional questions:
Courtney@newwineharvest.net or 412-207-7216



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Child's Name: (First, Last)	
Gender:	
D.O.B: (mm/dd/yyyy)	
Child's Nickname: (if different from above)	
Home Address:	
Preferred Email Address:	
Preferred Phone Number:	()
Parent/Guardian Name: (First, Last)	
Parent/Guardian Name: (First, Last)	

Please select one of the following

Caterpillars (ages 2.5-3.5) T/TH 9:30-11:30AM: \$675.00 /year (\$75.00 per month, 9 months)

Butterflies (ages 3.5-4.5) M/W/F 9:15-11:45AM: \$900.00 /year (\$100.00 per month for 9 months)

Flowers: Option 1 (ages 4-5.5) M/T/W/TH 9:00-12:00PM: \$1,080.00 per year (\$120.00 per month for 9 months)

Flowers: Option 2 (ages 4-5.5) M/T/W/TH/F 9:00-12:00PM: \$1,215.00 per year (\$135.00 per month for 9 months)

I would like to discuss placement with Director, please contact.

Are you a member of New Wine Harvest Church? Yes/No

Does your child (or sibling) currently attend Sonshine preschool? Yes/No

****Please place a check mark next to all statements that apply and sign below*.***

	I agree to pay my child's tuition in one or nine installments on designated dates. First tuition payment is due September 1 st 2015. If paying full year tuition, the payment must be received NO LATER than September 1 st to receive the 3% discount.
	I agree to submit a health form for my child, completed by a physician, no later October 30 th , 2015.
	I give permission for Sonshine Preschool to contact my child's pediatrician, as well as police/paramedics in the case of an emergency.
	I give permission to distribute my preferred phone number on a class roster.
	I give permission to distribute my preferred email address on a class roster.
	I give permission to distribute my home address on a class roster.
	I give permission for authorized Sonshine Preschool Staff to take group/individual pictures/videotapes of my child, to be used for educational purposes; i.e displaying within our building or displayed during a Sonshine Preschool event, i.e.; picture slideshows
	I give permission for authorized Sonshine Preschool Staff to take group/individual pictures/videotapes of my child, to be used for the Sonshine Preschool Facebook Page.
	I give permission for authorized Sonshine Preschool Staff to take group/individual pictures/videotapes of my child, to be used for the Sonshine Preschool Website.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

****Non Discrimination Policy: Sonshine Preschool does not discriminate on basis of gender, race, color, national, ethnic or religious origin in admissions or administration of any policies or programs.****

FOR OFFICE USE ONLY:

Registration Form Reviewed -Date __/__/__

Registration Fee Received - Date __/__/__

Information Packet Sent- Date __/__/__