

Sonshine Christian Preschool

14515 Harvey Oaks Ave/ Omaha, Ne 68144
402-208-7333/www.sonshinechristianpreschool.org

School Year _____ - _____

Child's Name _____
(Last) (First) (Middle)

Child's Birthday _____ Boy Girl Nickname _____
(month/date/year)

Home Address _____

City/Zip Code _____ Subdivision _____

Parent Name _____

Address (if different than child's) _____

Phone _____ Cell _____ Work _____

Occupation _____

Employer _____ Working Hours _____

Email Address _____

Parent Name _____

Address (if different than child's) _____

Phone _____ Cell _____ Work _____

Occupation _____

Employer _____ Working Hours _____

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Please list person's other than parents who will be responsible for your child in case of an emergency and to whom the preschool staff may release your child. We will NOT release your child to ANYONE not on this list without written permission. If the person is not known to our staff they may be asked for ID.

Name_____	Name_____
Address_____	Address_____
City_____Phone_____	City_____Phone_____
Relationship to child_____	Relationship to child_____

I give my permission to release my phone number to other Sonshine parents for carpooling purposes, play dates, and birthday parties

Yes_____ No_____

Please list **ANY** physically limitations, diagnosed health problems, learning issues, all allergies, current medications, and/or any issues that you feel are important for us to know when working with your child.

Consent to contact physician or to call 911 in case of an emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent for Sonshine Christian Preschool to contact:

(Name of Physician) Phone_____

Address_____ and in case of an emergency, to take my child to the closest clinic or hospital or to the following:_____.

Signature of Parent/Guardian_____ Date_____

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Sonshíne Christian Preschool Parent Handbook Form

I acknowledge that I have read and agree to abide by the information in the Sonshíne Christian Preschool handbook. The handbook is on our school website, www.sonshínechristianpreschool.org. All questions have been answered to my satisfaction. I will notify the Director of any change in information listed, including updates to immunizations, current work or home numbers and all emergency pick up persons.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Child's Name _____

Photo Release Form

Pictures may be taken of your child while at Sonshíne Christian Preschool. These pictures may be posted on our website/Facebook or Instagram.

I give Sonshíne Christian Preschool permission to take and use my child's picture on the website, Facebook, Instagram.

I do not want my child's picture taken while at the Sonshíne Christian Preschool.

Child's Name: _____

Signature: _____

Date: _____

School Directory

Please let us know what information you would like included in our school directory. You may opt out of the directory by leaving this section blank.

Child's Name _____

Parent's name and Phone number _____

Home Address _____

Email Address _____

*Please complete the following so I may know a little more about your
child!*

Child's Name _____

Parent's Name(s) _____

Phone Number _____

Cell Number _____

Best time for phone calls _____

Child's Birthday _____

Siblings and ages _____

Pets _____

Allergies _____

Favorite Color _____

Favorite Snack _____

Favorite things to do _____

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Student's Name _____
(Last) (First) (Middle)

Student's Birthday _____

Due to state law, we are required to have a new immunizations form filled out each year!

IMMUNIZATIONS

DTP (Diphtheria-Tetanus-Pertussis)
(month/year) (Physician)

1. _____
2. _____
3. _____
4. _____

Hib _____
(month/year) (Physician)

1. _____
2. _____
3. _____
4. _____

Polio Hepatitis B _____
(month/year) (Physician)

1. _____
2. _____
3. _____

(month/year) (Physician)

1. _____
2. _____
3. _____

MMR (Measles-Mumps-Rubella)
(month/year) (Physician)

1. _____

Varicella (chicken Pox) _____
(month/year) (Physician)

1. _____

Has your child had Chicken Pox? Yes ___ No ___

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Doctor Date