

# SUNSHINE SCHOOL

2700 SE 67th Ave., Portland, OR 97206 (503) 775-1533  
A ministry of Trinity Fellowship Church

School Year \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Date: \_\_\_\_\_

## CHILD'S INFORMATION

NAME \_\_\_\_\_  
Last First Initial Goes By

SOC. SEC. # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY ZIP

## PARENT INFORMATION—PARENT #1

NAME \_\_\_\_\_  
LAST FIRST TITLE

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Can we share your email or phone numbers with other parents? YES OR NO

## PARENT INFORMATION—PARENT #2

NAME \_\_\_\_\_  
LAST FIRST TITLE

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Can we share your email or phone numbers with other parents? YES OR NO

## EMERGENCY INFORMATION

If neither mother nor father can be reached, who may we contact in the area?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## ADDITIONAL INFORMATION

**\*All families please complete\***

How did you hear about Sunshine School? \_\_\_\_\_

Name of church if attending? \_\_\_\_\_

Would you like more information about Trinity Fellowship Church? \_\_\_\_\_

Do you have any talents or skills you would be willing to share with Sunshine School?

Are you interested in helping with fundraisers? \_\_\_\_\_

Are you interested in helping with work projects? \_\_\_\_\_

Thank You !

## PRESCHOOL ONLY

**The following information is needed for pre-school children only.**

Please give any information concerning your child which will be helpful in his/her experience at Sunshine School.

**EATING:** Is your child usually hungry at meal times? \_\_\_\_\_ Between Meals \_\_\_\_\_

Any eating difficulties? \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

**TOILET:** Can your child be relied on to indicate his/her bathroom needs? \_\_\_\_\_

Does your child wet the bed at night? \_\_\_\_\_

**SLEEPING:** What time does your child usually go to bed at night? \_\_\_\_\_

What time does your child wake up? \_\_\_\_\_ Child's mood upon awakening? \_\_\_\_\_

Does child usually nap? \_\_\_\_\_ Length of rest time? \_\_\_\_\_

### **SOCIAL RELATIONSHIPS:**

Has your child had any experience in a Preschool setting? \_\_\_\_\_

By nature is your child: Friendly Aggressive Shy Withdrawn Other

Is your child frightened by any of the following: Animals Dark Loud Noises Storms Other

Please list a few of your child's favorite activities: \_\_\_\_\_

# **LAMBS FOLD APPLICANTS ONLY**

This page is needed for Lambs Fold children only

Typical Daily Schedule
7-8 AM
8-9 AM
9-10 AM
10-11 AM
11-12PM
12-1 PM
1-2 PM
2-3 PM
3-4 PM
4-5 PM
5-6 PM

### ***Eating Preferences***

My child eats/drinks: *(check all that apply)* Bottles \_\_\_ Baby Food \_\_\_ Table Food \_\_\_

My child drinks out of: Bottles \_\_\_ Cups \_\_\_

My child drinks: *(check all that apply)* Breast Milk \_\_\_ Formula \_\_\_ Cow's Milk \_\_\_  
Soy Milk \_\_\_ Rice Milk \_\_\_ Juices \_\_\_ Water \_\_\_

Favorite Foods \_\_\_\_\_

### ***Sleeping Habits***

At typical nap lasts \_\_\_\_\_

It helps my child fall asleep if \_\_\_\_\_

### ***Potty and Diapers***

Please share with us where your child is with potty training *(if applicable)*

### ***Likes and Dislikes***

My child likes to play with \_\_\_\_\_

My child finds comfort in \_\_\_\_\_

My child fears/dislikes \_\_\_\_\_

Special words my child uses or understands \_\_\_\_\_

I want my child's teachers to know ...

**Any child needing immediate medical treatment will be taken to Portland Adventist Hospital.**

In the event of an emergency, Sunshine School has my permission to call  
An ambulance, or to take my child to any available physician at my expense. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to receive any necessary medical treatment. Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently receiving any medication? What kind? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

As parent or guardian, I give permission to Sunshine School  
to administer prescribed medications as directed by me. Yes \_\_\_\_\_ No \_\_\_\_\_

**Has your child had any of the following:**

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Allergies \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Physical Problems \_\_\_\_\_ Mumps \_\_\_\_\_

My child may be taken on field trips or excursions by school bus/van  
or private motor vehicle with proper supervision and prior notice. Yes \_\_\_\_\_ No \_\_\_\_\_

Participation in swimming or any other water activity, both on and  
off the premises of the center. Yes \_\_\_\_\_ No \_\_\_\_\_

My child may have his/her picture taken and used for publication or news purposes Yes \_\_\_\_\_ NO \_\_\_\_\_

**Brothers:** Older: \_\_\_\_\_  
Younger: \_\_\_\_\_

**Sisters:** Older: \_\_\_\_\_  
Younger: \_\_\_\_\_

Has your child witnessed or experienced trauma of any kind? \_\_\_\_\_

Has your child had previous experience in Day Care? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for requesting care? \_\_\_\_\_

**LIST THOSE AUTHORIZED TO PICK UP YOUR CHILD**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*Please note: Any changes need to be submitted in writing to the School Office. Thank You.**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# SUNSHINE SCHOOL CONTRACT

I, \_\_\_\_\_ enroll my child, \_\_\_\_\_ as a **Full Time/Part Time student** at Sunshine Day Care School. I understand that Sunshine School will be open **five (5) days a week** from 7am to 6pm and that **my child may attend anytime within these hours**, excluding week-end and holidays.

I also understand that there is a **\$10.00 late fee for every 15 minutes, or part thereof**, that my child is here after 6pm. *This fee is payable immediately to the attending teacher.*

1. If a child, scheduled for mornings only, stays the afternoon, you will be charged an additional \$11.00, payable with your next scheduled payment.
2. **Any past due accounts** will be charged a **late fee of \$10.00 per month for Full Time and \$5.00 per month for Part Time.**
3. **PAYMENTS MORE THAN 30 DAYS PAST DUE** will be cause for your child's (or children's) dismissal from the school.
4. **If a child is taken out of the program** before the pre-paid money is used, we will refund the money not used. This however is up to the discretion of the Director. A five (5) day advance notice is needed for removing the child from the school.
5. **All returned checks** will be subject to a \$13.00 service charge and any bank fees.
6. No credit for illness or snow days will be given for absences of less than five (5) consecutive scheduled days. The school must be advised by 9:00am each day for illnesses. A 50% credit for the length of the absence for illness will be given when the above condition is met.
7. **Accidents & Insurance:** All Sunshine School staff have been trained in basic first aid procedures and will administer first aid as needed. Parents will be notified of any first aid procedures administered through a written accident report. Although accidents will happen, Sunshine School is not liable for accidents that may occur on or off school grounds. Sunshine School carries a secondary emergency insurance policy to cover students. In the case of an accident that requires medical assistance or attention, the child's Parent / Guardian insurance policy would be responsible. However, if the child does not have insurance coverage, the school's policy would then take affect.
8. **The vacation policy will be as follows:**  
No credit for vacations of less than one week. **Full time students** receive 2 weeks full credit during the school year and 2 weeks at 50% credit during the summer program. **Part time students** receive 2 weeks at 50% credit during the school year and 2 weeks at 50% credit during the summer program.  
**\*For children enrolled for the Summer Program only, there will be no vacation credit given.**

There is a **\$50.00 non-refundable preschool registration fee** due at the time of registration in a class.  
There is a **\$60.00 non-refundable Kindergarten registration fee** due at the time of registration in the class.

- \_\_\_\_\_ **A. MONTHLY: Tuition is due by the 5th of each month and will be past due on the 10th of the month.**
- \_\_\_\_\_ **B. SEMI-MONTHLY: Tuition is due by the 5th and 20th of each month and will be past due on the 10th and 25th.**
- \_\_\_\_\_ **C. WEEKLY: Tuition is due on the First day your child is scheduled that week and will be past due on Friday of that week.**  
***THIS OPTION IS NOT AVAILABLE FOR PART TIME STUDENTS.***

MY CHILD WILL ATTEND SUNSHINE DURING THE FOLLOWING DAYS AND HOURS:

Mon Tue Wed Thur Fri From \_\_\_\_\_ To \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Reg. Fee \_\_\_\_\_

Health Insurance \_\_\_\_\_ Group #  
\_\_\_\_\_