



SONSHINE PRESCHOOL

sonshine@mninter.net

Rose of Sharon Lutheran Church Phone #: 651-459-4526
6875 Jamaica Avenue South, Cottage Grove, Minnesota 55016

Sonshine Preschool Application

(Please print)

Today's Date _____

Child's Name: Last _____

First _____ Middle _____

Name Child Prefers To Be Called: _____

Sex _____ Date of Birth ____/____/____ Age as of September 1, 2014 _____

Home Address: _____

City _____ State _____ Zip _____

Home Telephone Number: _____

(For the next two questions, please check one)

Ethnic Origin: American Indian _____ Asian _____ Black _____ Hispanic _____ White _____ Other _____

Baptized _____ Dedicated _____ Not baptized _____

Families Current Church Membership: _____

Wish to be contacted by Rose of Sharon Outreach? Yes _____ No _____

REGISTERING FOR SONSHINE PRESCHOOL CLASS:

4/5 YEAR OLD CLASS – Child MUST be 4 by September 1, 2014

_____ Monday/Wednesday/Friday (\$135 per month) 9:00 – 11:30 a.m.

3 YEAR OLD CLASS – Child MUST be 3 by September 1, 2014 and fully toilet trained for our 3 year old program.

_____ Tuesday/Thursday (\$100 per month) 9:00 – 11:30 a.m.

Has your child had a previous group or preschool experience? (circle one) YES NO

If yes, Where and when? _____

FAMILY INFORMATION : (Please only complete the information that is different from your child's – it is not necessary to complete information in duplicate)

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Place of Business: _____ Place of Business: _____

Cell Number: _____ Cell Number: _____

Best Email Address: _____ ; _____

Marital Status: Married _____ Divorced _____ Separated _____ Widow(er) _____ Single _____

Siblings of Applicant:

| (Name) | (Age) | (Date of Birth) | (Sex) | (Live with applicant) |
|--------|-------|-----------------|-------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I learned about Sunshine Preschool From: Washington County Bulletin Newspaper Ad _____

Other _____ Person _____

List name of reference if you wish

PLEASE RETURN THIS FORM WITH REGISTRATION FEE (NON-REFUNDABLE) MADE PAYABLE TO ROSE OF SHARON LUTHERAN CHURCH.

Non-Member Registration Fee = \$50.00

Rose of Sharon Members = \$30.00

PRE-SCHOOL + PLUS ENROLLMENT ONLY (Please circle days needed and pick up times. Days needed and pick up times can change with a two week written notice)

| <u>Days Needed</u> | <u>Pick up Time</u> | | |
|--------------------|---------------------|----|-----------|
| Monday | 2:00 p.m. | or | 4:00 p.m. |
| Tuesday | 2:00 p.m. | or | 4:00 p.m. |
| Wednesday | 2:00 p.m. | or | 4:00 p.m. |
| Thursday | 2:00 p.m. | or | 4:00 p.m. |
| Friday | 2:00 p.m. | or | 4:00 p.m. |

TOTAL DAYS NEEDED: _____

FEES: After Preschool & 2:00 pick up = \$15.00/day; After Preschool & 4:00 pick up = \$25.00/day. A \$10.00 charge is added to every 10 minutes late of pick up time.