

2011/2012
Sonshine Christian Preschool
14515 Harvey Oaks Avenue
Omaha, NE 68144
402-208-7333

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

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

Email Address _____

Home Address _____

City/Zip Code _____ Subdivision _____

Father's Name _____

Address (if different than child's) _____

Phone _____ Cell _____ Work _____

Occupation _____

Employer _____ Working Hours _____

Mother's 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 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:

_____ Phone_____

(Name of Physician)

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_____

****it is important to keep this information updated****

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IMMUNIZATION INFORMATION
REQUIRED BY NEBRASKA STATE LAW

form must be filled out by hand

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
(month/year) (Physician)

1. _____
2. _____
3. _____

Hepatitis B
(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

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Sonshine Christian Preschool Parent Handbook Form

I acknowledge that I read and agree to abide by the information in the Sonshine Christian Preschool handbook. 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 Sonshine Christian Preschool. These pictures may be posted on our website.

____ I give Sonshine Christian Preschool permission to take and use my child's picture on the website.

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

Child's Name: _____

Signature: _____

Date: _____

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Please complete the following so I may know a little more about you!

Child's Name _____

Parent's Name(s) _____

Phone Number _____

Cell Number _____

Best time for phone calls _____

E-mail _____

Child's Birthday _____

Siblings and ages _____

Pets _____

Allergies _____

Favorite Color _____

Favorite Snack _____

Favorite things to do _____