

2012/2013  
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 \_\_\_\_\_

Parent Name \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Working Hours \_\_\_\_\_

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 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 \_\_\_\_\_