

SonShine Christian Preschool
14515 Harvey Oaks Ave
Omaha, NE 68144
402-208-7333

Registration Form

Name of Child: _____

Birthdate: __/__/__ Sex: M__ F__

Full name of Parent: _____

Full name of Parent: _____

Parent's Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail address: _____

Parent's Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail address: _____

First class choice: _____

Second class choice: _____

Comments: _____
