

# SUMMER PROGRAM 2008

## SONSHINE PRESCHOOL & DAYCARE APPLICATION FOR ADMISSION

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I grant permission to release my name and number to other Sonshine parents?  Yes  No

**Father's Name** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Father's Home Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Phone: Day \_\_\_\_\_

Occupation \_\_\_\_\_ Night \_\_\_\_\_

Employer \_\_\_\_\_ Cell \_\_\_\_\_

Business Address \_\_\_\_\_ Work \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Mother's Home Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Phone: Day \_\_\_\_\_

Occupation \_\_\_\_\_ Night \_\_\_\_\_

Employer \_\_\_\_\_ Cell \_\_\_\_\_

Business Address \_\_\_\_\_ Work \_\_\_\_\_

### **Marital Status**

- Married  Remarried  
 Divorced  Widowed  
 Separated  Single

### **Child Living With**

- Both Parents  Guardian  
 Mother  Other  
 Father

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Is your child currently enrolled in Sonshine?  YES  NO

I have an up to date health form on file already.  YES  NO  
(if no then please acquire the health forms from the director and return)

Please fill in the days/weeks you will bring your child for the Summer Program. If you decide that your child will not attend a certain day/week we expect a two week notice for staff considerations. Once you sign your child up you are committing to those days and will be charged whether your child is here or not unless we receive the two week notice.

**Cost:**

- \$30 Registration Fee
- \$30.00 per day
- Ice Cream Truck Day: \$ 3.00 (participation not required – not billed)
- Pizza Day: \$2.25 per week (participation not required – not billed)
- Fees are billed on Monday and payment is expected on Friday of that week.
- If your child attends more days than you signed up for you will be billed the following Monday and payment will be expected on Friday of that week. *(If would like to bring your child in on a day that you didn't sign up please call first to be sure we have enough staff on for that day.)*

Students will go on one field trip per week. Half the group will go on Tuesdays and the other half will go on Thursdays.

**Daily Specials Schedule** (\* = based on weekly theme)

Theme song will be sung each day

- **Monday:** Weekly Theme presented / Bible Story\*
- **Tuesday:** Field Trip / Scripture Verse memorization\*
- **Wednesday:** Ice Cream Truck Day / Craft of the week\*
- **Thursday:** Field Trip / Snack of the week\*
- **Friday:** Pizza Day / Sprinkler Day

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

Please submit this application with a \$20.00 Registration Fee and the Field Trip Liability Release Form.

**Field Trip Liability Release**

**Release of All Claims**

**Sonshine Preschool & Daycare 53 N. Main St. Derry, NH 03038**

**603.434.6987 <http://sonshine.tagderry.com>**

In consideration for being accepted by **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** for participation in field trips during the Summer Program 2008.

We (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD**, its directors, employees, and agents, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while the said child is participating in a field trip during the Summer Program 2008.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said entity, its directors, employees, and agents, for any liability sustained by said **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for Him (her) to participate fully in field trips during the Summer Program 2007, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
**Child Participants Name**

\_\_\_\_\_  
**Parent/Gaurdian Name**

\_\_\_\_\_  
**Parent/Gaurdian Signiture**

\_\_\_\_\_  
**Parent/Gaurdian contact number during event**

\_\_\_\_\_  
**Date**