

SUMMER PROGRAM 2012

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

Please submit this application with a \$50.00 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 2011.

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 2011. OVER >

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 2009, 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 Signature

Parent/Gaurdian contact number during event

Date

Please check off the program you want to participate in and **specific days** your child will be attending. Please enclose field trip fee along with it!!

June 11-15th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

AUGUST 13-17th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

JUNE 18-22nd

5 day program _____
4 day program _____
3 day program _____
2 day program _____

AUGUST 20-24th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

JUNE 25- JUNE 29th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

AUGUST 27-30th

4 day program _____
3 day program _____
2 day program _____

****LAST WEEK OF PROGRAM****

JULY 9-13th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

JULY 16-27th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

JULY 30-AUGUST 3rd

5 day program _____
4 day program _____
3 day program _____
2 day program _____

AUGUST 6-10th

5 day program _____
4 day program _____
3 day program _____
2 day program _____

******WE ARE CLOSED JULY 2-6th******