Sonshine Express Registration

2's class_____
3's class_____
4's class_____
Pre-K_____
Kindergarten_____

Name_____Nickname_____
Last First Middle

Birthday_____Age_____ If 2's class Mon_____Thurs _____
Month/day/year (check first preference)

Father Mother

_____Name_____

_____Address, City , Zip_____

_____Phone/Email Address_____

_____Business Phone_____

_____Marital Status_____

_____Religious Affiliation_____

IN CASE OF EMERGENCY:

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Emergency Treatment:

Physician_____Phone_____
Address_____
Dentist_____Phone_____
Address_____

Action if Doctor cannot be reached:
Associate on call: Yes____No___
Hospital Yes____No___

Office Use Only:

Deposit:_____

Date Reg._____

Notes:_____