



## SONSHINE PRESCHOOL

Thank you for choosing Beach Fellowship's Sonshine Preschool for your child's early childhood education. We are delighted to serve you and your family. In this packet you will find all the documents required for registration. These forms need to be completed and turned in before the first day of school. Please be aware that the Medical Release and the Authorization for Emergency Treatment forms need to be signed before a Notary. Your child's birth certificate needs to be seen (not copied) before the first day of school, as well.

If you should have any questions, please feel free to email me at: [beth@beachfellowship.com](mailto:beth@beachfellowship.com)

We are excited for another blessed and exciting year with our students and families!

God Bless,

Beth Williams

# Sonshine Preschool, LLC

## Registration Check List

\_\_\_ Registration Form

\_\_\_ Registration Fee

\_\_\_ Authorization for Emergency Treatment of Minor Child

\_\_\_ Medical Release Form

\_\_\_ Commonwealth of Virginia School Entrance Health Form (Updated information required for returning students)

\_\_\_ Financial Contract

\_\_\_ Photo/Video Release Form

\_\_\_ \*Verification of Identity (Birth Certificate or Passport is necessary to be viewed. Do not make copies of these documents or leave them in the possession of a staff member).

\*Not needed for returning students

**ALL FORMS MUST BE COMPLETE AND TURNED IN BEFORE  
THE FIRST DAY OF SCHOOL.**

## Sonshine Preschool, LLC

1817 General Booth Blvd.

Virginia Beach, VA 23454

757-721-7388

### **General Information 2019-20**

Preschool- PreK-3/PreK-4

September-May

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School Hours: 9:00am-12:30pm for PreK-3

9:00am-1:00pm for PreK-4

Registration and Materials Fee: \$175.00

Tuition Schedule:

2 Days/Week Program: \$250.00/month  
\$2250.00/year

3 Days/Week Program: \$300.00/month  
\$2700.00/year

5 Days/Week Program: \$375.00/month  
\$3375.00/year

There is 10% discount on years tuition paid by the end of September. There is a 10% discount for siblings.

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### **Requirements:**

Children must be 3 or 4 years old by September 30, 2016

**\*\*\*All required documentation must be submitted by the first day of school for children to attend.**

# Sonshine Preschool Registration Form 2019-20

Please fill out **all** fields on this form and return to the office. Please inform the school immediately if there should be any changes on this form during the school year. **PLEASE PRINT**

<b>Three Year Old Program</b> _____ (check on line)	<b>Four Year Old Program</b> _____ (Check on line)
2-Day/Week (Tuesday/Thursday) _____	No 2-Day/Week Program Available for this Age
3-Day/Week (Monday, Wednesday, Friday) _____	3-Day/Week (Monday, Wednesday, Friday) _____
5-Day/Week (Monday-Friday) _____	5-Day/Week (Monday-Friday) _____
Before School _____ (check on line)	After School _____ (check on line)
Days Needed _____	Days Needed _____

Student's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)      DOB \_\_\_\_\_      AGE \_\_\_\_\_

Mother's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last)      Father's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Legal Guardians \_\_\_\_\_ / \_\_\_\_\_ (First) \_\_\_\_\_ (Last)      (First) \_\_\_\_\_ (Last)

*\*\*\*If there are court documents that are necessary for child's safety, please be ready to provide any additional information, as requested.*

Address \_\_\_\_\_ Phone Numbers \_\_\_\_\_ (Home#)  
 \_\_\_\_\_ (Mother's Cell #)  
 Email \_\_\_\_\_ (Father's Cell#)

**ALLERGIES:** \_\_\_\_\_  
 \*\*\*If an Epi-pen, Inhaler or Benadryl are necessary for child's wellness, please be ready to provide necessary documentation and medicine for the school. Medical documents needed are provided by Director.

**Emergency Contacts:** In the case of an emergency, please list all of those who you give the school permission to contact, other than parent(s) or the legal guardian(s).

(Name)	(Contact #)	(Relationship to Child)
_____	_____	_____
(Name)	(Contact#)	(Relationship to Child)
_____	_____	_____
(Name)	(Contact#)	(Relationship to Child)
_____	_____	_____

Doctor's Name and Contact Number: \_\_\_\_\_  
 \_\_\_\_\_ (Group Name)  
 \_\_\_\_\_ (PCP)  
 \_\_\_\_\_ (Office #)

Insurance Information: \_\_\_\_\_  
 \_\_\_\_\_ (Type or Carrier)  
 \_\_\_\_\_ (ID#/Group #)

Church Membership: \_\_\_\_\_

Signature of Parent(s) or Legal Guardian(s): \_\_\_\_\_  
 By signing this document, you are confirming the above information is current and valid.

**ATTENTION!!!**

**Do not sign the  
attached forms. They  
must be notarized.**

# Sonshine Preschool

## MEDICAL RELEASE

In the event of an emergency where medical treatment is required, I give my permission to a Sonshine Preschool Representative to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. My phone number is \_\_\_\_\_

I waive and release any and all claims for damages which I may have against Sonshine Preschool or any representative of Sonshine Preschool and I hereby agree to indemnify them against any and all claims, loss, expense or liability, that indemnities may incur as a result of any injury, harm or loss that my child may incur or sustain or any claim that may be asserted against indemnities by any third party as the result of any such injury, harm or loss.

I represent that I am a parent (guardian) of the minor, \_\_\_\_\_, and do give my permission as stated above.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

STATE OF VIRGINIA  
COUNTY OF VIRGINIA BEACH

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, \_\_\_\_\_  
a Notary Public in and for said state personally appeared \_\_\_\_\_ known to  
me to be the person who executed the foregoing Medical Release.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_



**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

I, \_\_\_\_\_ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Student's Name: \_\_\_\_\_

Date of Birth: |\_\_| |\_\_| |\_\_|

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (j), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

DTP/DTaP/Tdap:|\_\_|; DT/Td:|\_\_|; OPV/IPV:|\_\_|; Hib:|\_\_|; Pneum:|\_\_|; Measles:|\_\_|; Rubella:|\_\_|; Mumps:|\_\_|; HBV:|\_\_|; Varicella:|\_\_|

This contraindication is permanent: |\_\_|, or temporary |\_\_| and expected to preclude immunizations until: Date (Mo., Day, Yr.): |\_\_| |\_\_| |\_\_|.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.):|\_\_| |\_\_| |\_\_|

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.):|\_\_| |\_\_| |\_\_|

**Section III**  
**Requirements**

**For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>**

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).  
(Requirements are subject to change.)**

**Sonshine Preschool, LLC**

**1817 General Booth Blvd.**

**Virginia Beach, VA 23454**

**757-721-7388**

**beth@beachfellowship.com**

**VIDEO/PHOTO RELEASE:**

**I/We understand that my/our child's likeness may be photographed or videotaped by Sonshine Preschool in the course of school activities. I/We hereby consent for the school/church to use my/our child's likeness in promotional and/or advertising materials. I affirm that I have the legal right to issue such consent.**

**Parent/Guardian Signature: \_\_\_\_\_**

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

**Parent/Guardian Signature: \_\_\_\_\_**

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

\*\*\*\*\*

**I hereby give permission for my name and telephone number to be released for an Emergency Phone Tree and other class phone lists.**

**Parent/Guardian Signature: \_\_\_\_\_**

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

**Parent/Guardian Signature: \_\_\_\_\_**

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

# Financial Contract

## Sonshine Preschool, LLC

Student's Name \_\_\_\_\_

School Year \_\_\_\_\_

I, \_\_\_\_\_, agree to monthly payments to Sonshine Preschool, LLC, which includes tuition in the amount of \$ \_\_\_\_\_ and extended hour fees in the amount of \$ \_\_\_\_\_. Payments are due by the 5<sup>th</sup> of every month. If payment is received after this date, a \$15.00 late fee will be applied. If paying by a personal check or money order, please make payments to: **Sonshine Preschool, LLC**. If paying with a debit or credit card, go online to: [www.beachfellowship.com](http://www.beachfellowship.com) and go to "Quick Links", then to "Tithes and Giving" and scroll down to "Sonshine Preschool Tuition." Your payment will be processed from there.

Please initial the following:

\_\_\_\_ Total Monthly Payment Due: \_\_\_\_\_

\_\_\_\_ There is a \$25.00 insufficient fund fee for all returned checks.

\_\_\_\_ Registration Fee is Non-Refundable.

\_\_\_\_ There is a minimum of a two week notice for withdrawal of the school.

\_\_\_\_ If extended hours have been accrued over what has been stated above, payment is due on the day of services or on the day a notice for payment is received.

By signing this contract, you (parent or guardian), agree to the terms stated above. If there are any changes or adjustments needed, the office needs to be notified immediately.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

# IDENTITY VERIFICATION FORM

The 1998 General Assembly passed legislation which affects child day centers sponsored by religious institutions. This law is intended to help identify missing children and requires the following:

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (*hospital, physician or midwife record*), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

If the requested information is not received within seven (7) business days of your child's first day of school we are bound by law to notify the local law enforcement agency.

Child's Name: \_\_\_\_\_

## \*OFFICE USE ONLY\* IDENTITY VERIFICATION

### Birth Certificate Information:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued

### Other Forms of Identification

- Birth Registration Card
- Notification of Birth (*Hospital, physician, or midwife record*)
- Passport
- Placement agreement or proof of child's identity from a child placement agency.
- Public School record in Virginia
- Public School in U.S. (*letter from Principal*)

\_\_\_\_\_ has viewed the required information

(Signature)