

Application for Enrollment at Summer Sonshine

Preschoolers through 6th graders (Summer 2020)

Please return the completed application form and \$55.00 registration fee to: (required to hold placement)
Sonshine Preschool, 700 E. Olive St., Marshalltown, IA 50158. *After April 14, the registration fee will be \$65.00.*

Summer Sonshine will run for 9.5 weeks, from Monday, June 8 – Tuesday, August 11, exception of July 3. There will be a program shut-down the week of Wed., August 12 through Wed., August 18. Sonshine Fun Days will be offered August 19 – 24. Parents may contact Sally if their school-age children need to start before June 8.

Preschoolers - must have completed a year of Sonshine Preschool or will be entering the 4-year-old program in the fall). Special permission may be approved for children not falling under those requirements.

*Please communicate the grade that your child just completed or **will complete in May 2020***

Name of child _____ Birthday & **2019- 20 Grade** _____

Name of child _____ Birthday & **2019-20 Grade** _____

Name of child _____ Birthday & **2019-20 Grade** _____

Guardian 1: Name: _____

Address: _____

Cell: _____ Work: _____

E-mail: _____ *(please print clearly)*

Guardian 2: Name: _____

Address: _____

Cell: _____ Work: _____

E-mail: _____ *(please print clearly)*

Contact information for Sonshine Preschool Ministries: Phone Number: 641-753-3082

Website: www.journeymtown.com Director: sally@journeymtown.com

For office use only:

Registration fee paid _____ Confirmation sent _____ Parents join BLOOMZ _____

File Information complete _____

Program Options for Summer Sonshine

Please mark 1 option on this page: Half-day or Full-day options

Note: **In order to keep a reserved spot for your child, parents will pay the same rate every week/month from June 8 – Aug. 11 regardless of daily absences.** Exception: Students enrolled for **4 & 5 full-days** are allowed 1 week for absences due to vacation or a camp experience.

Parent Options (*Parents may change Enrollment agreement before May 15*)

Half-day Options:

_____ 3-days/week (8:30 – 11:30) **Monthly** payment of \$120/June, \$155/July & \$48/Aug.

_____ 5-days/week (8:30 – 11:30) **Monthly** payment of \$204/June, \$264/July & \$84/Aug.

Full-day Options:

_____ 5-days/week (7:15 – 5:15) **\$150/week for minimum of 8.5 weeks** (\$120 for June 29-July 2)

_____ 4-days/week (7:15 – 5:15) **\$120/week for minimum of 8.5 weeks**

_____ 3-days/week (7:15 – 5:15) **\$100/week for minimum of 9.5 weeks**

Parent Agreement: *I am submitting a **non-refundable \$55 registration/educational supply fee per student** (\$65 if after April 14) with my application. I also agree to pay the **required tuition amount** on a regular weekly or monthly basis, regardless of absences due to illness, vacation, etc.*

Signed _____
(Guardian's signature)

Date _____

ATTENTION PARENTS:

- Once your child's application has been processed, **you will receive an email** with instructions to join our communication network called **BLOOMZ**.
- BLOOMZ will help the director connect instantly with individuals or groups of parents.
- All communications with parents will be through BLOOMZ including enrollment confirmation & distribution of additional File Information forms. Messages may contain attachments that will sometimes need to be printed out.
- Parents may choose whether to **receive messages via text and/or email**. Parents will be able to download an app on their smartphone.
- We will also use this system throughout the summer to give parents any program-wide announcements/reminders, monthly newsletters or schedule changes due to weather or other circumstances, as well as announcements for Sonshine Fun Days throughout the school-year.

Emergency Medical Information

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician:

Name: _____

Address: _____

Phone: _____

Dentist:

Name: _____

Address: _____

Phone: _____

Known Allergies/Food Restrictions: _____

Hospital Preference: Unity Point Other: _____

Insurance Company _____

Policy Holder ID _____

Pick-Up Information (Names of people allowed to pick-up your child):

Authorizations:

Travel:

I give permission for my child(ren) to leave First Baptist Church for walks or field trips and transported by the church van or bus. I understand that I will be notified before such an event by email/newsletter. I understand that the Summer Sonshine Staff will make sure each child has a secure seat every time transportation is used. This agreement will be in effect from June 1, 2020 – August 12, 2021.

(Date)

(Guardian's Signature)

Optional: 1st graders and older

I give permission for my child(ren) to leave First Baptist Church for field trips and be transported by an adult Summer Sonshine staff member in their personal vehicle. Any staff who is driving a vehicle will have a background check, proof of insurance and driver's license on file. I understand that the Summer Sonshine Staff will make sure each child has a secure seat every time transportation is used. This agreement will be in effect from June 1, 2020 – August 12, 2021.

(Date)

(Guardian's Signature)

Picture Release: *please circle "do" or "do not"*

I do / do not give my consent to let my child be photographed for use by Summer Sonshine in newspapers, brochures or other media, including the Sonshine Preschool Ministries Facebook, for the purpose of publicity or advertisements.

(Date)

(Guardian's Signature)

Permission to Apply Sunscreen:

As the parent or guardian of the above child(ren), I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at Sonshine Preschool Ministries to apply a sunscreen product of SPF-30 or higher to my child when he or she will be playing outside, especially during the months of June, July & August and between the daily times of 10:30 am and 3:30 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child(ren):

_____ I do not know of any allergies my child has to sunscreen. Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

EXCEPTIONS:

_____ My child is allergic to some sunscreens.

Please use only the following brand/type of sunscreen: _____. As the parent, I agree to provide this specific sunscreen for my child to keep in their cubbie and for their use.

_____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

(Date)

(Guardian's Signature)