

Sonshine Preschool & Day Care

REGISTRATION PACKET



*Jesus Loves the Little Children,
All the Children of the World.
Red and Yellow, Black and White,
They are Precious in His Sight,
Jesus Loves the Little Children of the World.*

A Ministry of
Trinity Assembly of God
53 North Main St. • Derry, NH 03038
603-434-6987

<https://www.tagderry.com/spd>

School Program

3N/4K AM Class: 8:30am-11:30am

5K AM Class: 8:30am-12:30pm

Daycare Hours:

6:30am-8:30am & 11:30am-5:30pm

FOR OFFICE USE ONLY

GRADE PLACEMENT _____ **TEACHER** _____
Full-time student _____ School Only _____ Needs hourly daycare _____
3N class _____ 4K class _____ 5K class _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Sonshine Preschool & Daycare

00846

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number: Hours:	Phone number: Hours:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSONS: I, _____

(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

Personal Information:

Does the child have any special needs or handicaps for which (s)he will need special help now or later in his/her schooling? Yes No

If yes, explain below: _____

Please list the names of other children living at home.

Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does your family attend church regularly? Yes No

If so, which one? _____

How did you initially hear of Trinity Educational Ministries?

Close proximity Word of Mouth Yellow Pages Internet Other

I'm transferring from another Preschool/Daycare. Which one? _____

PARENT'S ENROLLMENT AGREEMENT

In this contract between Trinity Educational Ministries and

_____, we hereby enroll _____
parent/guardian child

with the following agreement:

1. In pledging our loyalty to the aims and ideals of TRINITY EDUCATIONAL MINISTRIES, we agree to bring any questions and criticisms to the Administrator so that they may be properly considered.
2. TRINITY EDUCATIONAL MINISTRIES agrees to work closely with us in helping our child(ren) to learn and to solve their problems. This include provision of competent teachers, a full and balanced curriculum, regular reporting, supervision of the children and the program, and cooperation with the home.
3. All children are accepted on a one-month trial basis.
4. TRINITY EDUCATIONAL MINISTRIES reserves the right to dismiss any student who is not able or not willing to cooperate with our policies, who does not respect its spiritual standards or cooperate in the educational process. In the event of dismissal for any reason, the tuition will be based on the financial policies stated in the Parent Handbook.
5. All knowledge will be taught in the light of God's Word. This is a Bible-centered school and day care center, and we understand that our child will be taught that Jesus Christ is Lord.
6. There is a discount for official tithing members of Trinity Assembly of God. If this applies, please indicate so. I am an official tithing member of Trinity Assembly of God.
7. Parents must notify the school in writing two weeks prior to withdrawing student. If notice is not given, you may be responsible for two weeks of tuition/day care. Student records will not be released until student's account is paid in full.
8. We understand that we are responsible for any expenses incurred in collecting any unpaid debt on our child's account.
9. You will receive a copy of the Parent Handbook which includes the written policies of the school at Parent Orientation.
10. Registration fee: \$ _____ Tuition fee: \$ _____ per hour week year (circle one)
Payment breakdown: _____
11. We have read this contract carefully and hereby agree to its terms.

Parent/Guardian Date Administrator Date
Desired Entrance Date: _____ Expiration Date: _____

TRINITY EDUCATIONAL MINISTRIES
MEDICAL AUTHORIZATION FORM
State of New Hampshire

ss: { County of Rockingham

We, _____ and _____ of
parent/guardian parent/guardian

city county state

do hereby state that we are the natural parents legal guardians, having legal custody of

_____, a minor, age _____, born on _____
child's name age date of birth

in _____,
city state .

If the child is ill or shows signs of a contagious disease, we will not bring our child to school. We understand that it is Sonshine's policy to call 911 if there is an emergency where our child may need to be transported to the hospital. We consent to any x-ray, examination, anesthetic, medical or surgical treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or surgeon when the need of such treatment is immediate. It is understood that we are responsible for any charges incurred in transporting/treating our child. We give permission for our child to engage in the activities of Trinity Educational Ministries. This includes indoor play, outdoor play, special activities and field trips, including transportation. We absolve Trinity Educational Ministries from any liability to us or our child because of injury to him/her at school or any activity outside of Trinity Educational Ministries.

Pediatrician _____ Phone _____

Health Insurance Company _____ Policy # _____

Phone: Home _____ Mom's Work _____ Dad's Work _____

Emergency Numbers:

1. Name _____ Relationship _____ Phone _____

Address _____

2. Name _____ Relationship _____ Phone _____

Address _____

3. Name _____ Relationship _____ Phone _____

Address _____

Parent/Guardian Signature _____

TRINITY EDUCATIONAL MINISTRIES
Sonshine Preschool & Day Care
Parent/Child Interest Survey

Student's Name _____ Nickname _____ Date _____

Parent's Name(s) _____

1. What are some areas of interest for your child, which we might incorporate into the curriculum?
(e.g., dinosaurs, cars, Africa, etc.)

2. List your child's favorites. (e.g., toys, foods, hobbies, colors, etc.)

3. What word does your child use for bathroom functions?

4. Does your child have any particular allergies, dislikes, fears? Please explain.

5. Does your child have any distinct talents or abilities? Please list.

6. In which area(s) would you like to see your child develop further?

7. What do you see as your child's weaknesses?

8. What do you see as your child's strengths?

9. What unique characteristics does your child have?
10. List your hobbies, interests, and talents.
11. Have you taken any family trips you would like to share with Sunshine class?
12. Do you have a pet you would like to bring to Sunshine? Yes No Thanks Please list.
13. Would you like to help during classroom party time? Yes No Thanks
14. Do you play any musical instruments? Yes No
15. Would you like to help with class visual aid preparations (cutouts, etc.)? Yes No Thanks
16. Would you be willing to help on Sunshine projects? (e.g., Campbell's labels, school pictures, luncheons, fund raisers, etc.) Yes No Thanks
17. Do you enjoy cooking? Yes No
18. Would you like to share an ethnic favorite or family traditional recipe? Yes No Thanks

Thank you for the effort you have put into answering and returning this questionnaire!

Child Identification Card

(To be place out-of-sight on each child, such as clipped on the inside of shirt or folded and placed in ankle part of sock, during an evacuation)

Child's Name	
Address	
Home Phone	
Parent/Guardian #1	
Parent/Guardian #1 Day Phone Cell Phone	
Parent/Guardian #2	
Parent/Guardian #2 Day Phone Cell Phone	
Neighbor/Friend Name Phone	
Contact Outside of Area Name Phone	
Childcare Program Name	Sonshine Preschool & Daycare
Childcare Program Phone	603-434-6987

I give permission for Sonshine Preschool to photograph my child for purposes of placing their phot on this page.

Parent Signature: _____ Date: _____

Parent Emergency Evacuation Information Form

(To be given to parents at least annually)

Name of Program: Sonshine Preschool & Daycare	
Program Address: 53 N. Main St., Derry, NH	
Emergency contact at Program: Diane Dougherty	Corrine Wilson
Phone Numbers of Emergency Contacts: 603-434-6987	603-303-0645
Cell Phone of Emergency Contact: 603-425-4626 <small>(Please do not call cell phone numbers for non-emergencies; It will not be turned on)</small>	
In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at;	Family Life Center (across from main building by playground)
In the event the facility must be evacuated because of an emergency in the immediate area the children and staff will be transported by <u>personal vehicles or walking</u> to:	Barka Elementary School, Derry
The address, phone number, and contact person at the assembly is:	
If necessary, children will be transported to this health care facility:	Parkland Hospital
Address, phone number and contact person at health care facility:	1 Parkland Dr., Derry, NH 603-432-1500

Please keep top portion and return bottom half

Parent/Guardian Signature for permission to treat medically

I understand that my child(ren) may be relocated to an evacuation site in the case of an unsafe condition in the child care facility.

Child /Childrens Name(s): _____

Parent Signature: _____ Date: _____

Parent/Guardian Signature for permission to treat medically