

Spots are first come, and no spots will be held. Once I receive the registration your child will have their spot. A packet will be sent in July with more information about the school year.

If you have questions or concerns, you can reach me at Sheryl.ledeboer@k12.sd.us or 605-212-6261.

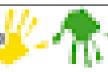


















SUNSHINE PRESCHOOL 2024-2025 REGISTRATION FORM

Registration Date EMAIL	ADDRESS:		
Attendance Center			
LennoxAM session (3 yr olds and you	nger 4 vear olds)	$4 - \frac{1}{2} day$	$2 - \frac{1}{2} da$
PM session (kids going on to kindergarten the	following year)	$-4 - \frac{1}{2} $ day	$\frac{2}{2} - \frac{1}{2} da$
IF 2 ½ days, which days do your prefer MON/WED o accommodate.	r TUES/THURS no	t guaranteed bu	ut will do my bes
WorthingAM session $4 - \frac{1}{2}$ 0	day $2 - \frac{1}{2}$ day	(MON/WED	or TUES/THUR
Will your child be riding the community white bus?	Y N		
Child's Name			
Last	First	Middle	Nickname
Address			
Street and Mailing Address	City, State		Zip Code
Home Telephone	_ Sex: M F_		//_ M D Y
Race: White Indian Black Asian Hispanic		_	M D Y
Mother's Name/Legal Guardian			
Employer & Business Phone			111077
Morning or Night Shift (please circle) Cell phone		text avail	lable? Y or N
Father's Name/Legal Guardian			
Employer & Business Phone			
Morning or Night Shift (please circle) Cell phone		text avai	ilable? Y or N
Child lives with Nar	me and relationshin t	o child (mothe	er father both na
legal guardian, step-parent etc.)	ne and relationship t	o cima (mome	or, ramer, bom pa
Are there any legal restrictions as to who cannot pick If yes, please list those restricted (please provide pictu			
Name(s) & age(s) of other children in household			
Daycare Provider's Name			
Address & Phone Number			

In case of emergency if parents are unavailable Alternate contact person (name & relationship)	e or cannot be reached:
	Phone number(s)
Second alternate contact person	
	Phone number(s)
Family Physician	Phone number
Hospital of preference:	
bee sting reactions, etc.) that the preschool sta Please check if your child shows a tendency	nd/or special medical conditions (food allergies, diabetes, seizures aff should be aware of? towards being: handedno preference at this time
I HEREBY GRANT PERMISSION:	no preference at ans time
1. For my child to use all of the play equipm	ment and to participate in all of the activities of the preschool.
2. For my child to leave school premises un special excursions to places of interest in	der the supervision of a staff member for neighborhood walks or authorized vehicles.
SIGNED	DATE

A non-refundable registration fee of \$25.00 is due with this form. Payment of the registration is required to enroll your child and classes are filled on a first-come, first-served basis. Tuition is \$200.00 per month for full-time students and \$105.00 for part-time students. A \$25.00 late fee will be charged to payments received after the 4^{th} of the month. 4-day students will have preference, but if the $4 - \frac{1}{2}$ day classes are not full, we will allow students to attend $2 - \frac{1}{2}$ days per week (days will be set by CLW). If you only want the 2-day option, please indicate that on the front of this registration form and if the classes are full, your registration fee will be refunded. Questions can be directed to Sheryl Ledeboer at (605)-647-2203 or email Sheryl.ledeboer@k12.sd.us. Please make checks payable to Sunshine Preschool and mail them to the address listed below.

Sunshine Preschool Sheryl Ledeboer PO Box 38 Lennox, SD 57039

605-647-2203(school) or 605-212-6261(cell) Sheryl.ledeboer@k12.sd.us

The Senior Citizens bus is available for students in need of transportation, please call Gene Valentine at 605-496-4069 for more information.