

A decorative border of colorful handprints in red, blue, yellow, and green surrounds the text. The handprints are arranged in a repeating pattern along the top, bottom, and sides of the page.

Sunshine Preschool

We are currently taking registrations for the 2024-2025 school year. 3-year-olds and younger 4-year-olds who will NOT go onto kindergarten the fall of 2024 attend in the morning. Older children who will be going on to Jr. K or Kindergarten the fall of 2024 will attend in the afternoon.

Full-time is Monday-Thursday. The cost is \$200.00 per month. Part-time is either Mon/Wed or Tues/Thur is \$105.00. A \$25.00 registration fee is due upon registering.

Child must be potty trained, and at least 3 years old. Transportation is provided for in town children through Lennox Senior Center by Gene Valentine.

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

_____ Lennox _____ AM session (3 yr olds and younger 4 year olds) _____ 4 – ½ day _____ 2 – ½ day
_____ PM session (kids going on to kindergarten the following year) _____ 4 – ½ day _____ 2 – ½ day

IF 2 ½ days, which days do your prefer MON/WED or TUES/THURS not guaranteed but will do my best to accommodate.

_____ Worthing _____ AM session _____ 4 – ½ day _____ 2 – ½ day (MON/WED or TUES/THURS)

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 _____ Birthdate ____/____/____
M D Y

Race: White Indian Black Asian Hispanic

Mother's Name/Legal Guardian _____

Employer & Business Phone _____

Morning or Night Shift (please circle) Cell phone _____ text available? Y or N

Father's Name/Legal Guardian _____

Employer & Business Phone _____

Morning or Night Shift (please circle) Cell phone _____ text available? Y or N

Child lives with _____ Name and relationship to child (mother, father, both parents, legal guardian, step-parent etc.)

Are there any legal restrictions as to who cannot pick up your child from preschool? _____ Yes _____ No
If yes, please list those restricted (please provide picture(s) with full name(s)) _____

Name(s) & age(s) of other children in household _____

Daycare Provider's Name _____

Address & Phone Number _____

In case of emergency if parents are unavailable or cannot be reached:

Alternate contact person (name & relationship) _____ Phone number(s) _____

Second alternate contact person _____ Phone number(s) _____

Family Physician _____ Phone number _____

Hospital of preference: _____

Does your child have any illness, allergies, and/or special medical conditions (food allergies, diabetes, seizures, bee sting reactions, etc.) that the preschool staff should be aware of? _____

Please check if your child shows a tendency towards being:

_____ right-handed _____ left-handed _____ no preference at this time

I HEREBY GRANT PERMISSION:

1. For my child to use all of the play equipment and to participate in all of the activities of the preschool.
2. For my child to leave school premises under the supervision of a staff member for neighborhood walks or special excursions to places of interest in 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 4th of the month. **4-day students will have preference, but if the 4 – ½ day classes are not full**, we will allow students to attend 2 – ½ 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 Ledebor 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 Ledebor
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.