



PRESCHOOL REGISTRATION 2021-2022

Office Use:
Class: _____
Paid/Check #: _____
Date Rec'd: _____

PLEASE THE CLASS YOU ARE INTERESTED IN REGISTERING YOUR CHILD

- ___ 3 yr. oldTuesday & Thursday (8:00-10:30 a.m.)
- ___ 4 & 5 yr. old Monday, Wednesday, Friday (8:00—10:30 a.m.)
- ___ 4 & 5 yr. oldMonday, Tuesday, Thursday, Friday (12:00—3:00 p.m.)
- ___ Preschool + extended day childcare (ages 3, 4 or 5 yr. old)Monday thru Friday (7:30 a.m.—6:00 p.m.)

PLEASE PRINT

CHILD'S INFORMATION:

CHILD'S NAME: _____
(Last) (First) (Middle) (Nickname) M F

CHILD'S ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME TELEPHONE NUMBER: _____ CHILD'S RELIGION: _____

DATE OF BIRTH: _____

- Select one or more: ___ Hispanic or Latino ___ Native American ___ Inter-Racial
 ___ Vietnamese ___ Asian ___ Native Hawaiian/Pacific Islander
 ___ Black or African American ___ White

FAMILY INFORMATION:

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ ADDRESS _____

CELL PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE _____ BUSINESS PHONE _____

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single Parent

Child lives with: ___ Both parents ___ Mother ___ Father ___ Step Parent ___ Other Guardian(s)

Name of Step Parent/Other Guardian _____ Relationship _____

Legal Restrictions: ___ Yes ___ No If YES, please note below and attach court order:

Siblings: (Names and ages)

MEDICAL INFORMATION

Does your child have any allergies? If so, please explain what allergy is and give special instructions for care; provide updates as needed.

Specify Allergy (ies)	Severity	Reaction	Care/Meds

Does your child have special needs in any of the following areas?

Emotional : _____

Physical: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAMES (Please list other than yourself)

EMERGENCY CONTACT

OK to PICK UP

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

BACKGROUND INFORMATION

Name a few special interests of your child: _____

What previous group experiences has your child had? _____

Previous Daycare or Pre-school (Name): _____

Is your child accustomed to being without you? _____

If your child is not cooperating with you, what form of discipline works best? _____

Is there any additional information about your child that the staff should be aware of? _____

Do you currently have a child in the Roncalli School System? Yes or No

Is it your intent to enroll in the K-12 Roncalli School System? Yes or No

To register please submit:

1. Completed registration form.
2. A copy of your child's current immunization record.
3. \$50 non-refundable registration fee per child (only if this is your child's first enrollment in the SonShine Patch)

Submit to: Roncalli SonShine Patch

419 First Avenue NE

Aberdeen, SD 57401

Roncalli SonShine Patch Preschool

PARENTAL PERMISSION FOR STUDENT TO BE FILMED

Consent is hereby granted to the Roncalli SonShine Patch Preschool for use of photographs, slides, or television filming involving my child. These may appear in various publications or presentations (to include ACSS Facebook page).

(Date)

(Parent's/Guardian's Signature)

PARENTAL PERMISSION FOR ACTIVITY/FIELD TRIPS

I understand that trips and excursions will be taken to farms, businesses, houses, public institutions, places of amusement, and other places in or out of town from time to time during the school year for educational purposes, and that my child may go or remain in school, depending upon my wish. Unless I so advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and trips. The teacher shall exercise due care and caution in providing for safety of his/her pupils while on such excursions. It is understood that I hereby release the teachers and principal of the school from liability for any injury my child may sustain on such trips or excursions and agree to hold said teacher and principal blameless, beyond exercise of due care and caution, in the event of any such injury.

(Date)

(Parent's/Guardian's Signature)

PERMISSION TO SHARE INFORMATION

Please mark with an (x) all those which can be shared with other families in your child's class.

_____ Parent(s) Name

_____ Parent(s) Phone Number

_____ Parent(s) Address

(Date)

(Parent's/Guardian's Signature)

To comply with the Telephone Consumer Protection Act, consent is required to send our parents/guardians non-emergency, automated, telephone calls and text messages regarding school activities, events and schedule updates.

Please check one:

Yes, I consent to receive automated telephone calls and text messages from ACSS.

No, I do not consent to receive automated telephone calls and text messages from ACSS.

Date

Signature

Family Printed Name

Roncalli SonShine Patch Preschool

PARENTAL PERMISSION FOR STUDENT MEDICAL CARE

Consent is hereby granted to the Roncalli SonShine Patch Preschool for the Director/Teacher to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but may not be limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the person listed on the emergency information form you completed for us.
3. If we cannot contact you, we will do any or all of the following:
 - (a) Call an ambulance.
 - (b) Have the child taken to an emergency hospital in the company of a staff member.
4. Any expenses incurred under 3, will be borne by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

(Date)

(Parent's/Guardian's Signature)