Date Received:_____

Reg. Fee:_____

Book Fee:_____

PLEASE PRINT or TYPE APPLICATION

Please circle Class applying for:
PMO --- Tues., Wed. or Thur.
2's -----T/TH or W/Friday
3's--3 days(T, W & Th) or 5 day class
Pre-K or K-5—all meet 5 days
T-Shirt Size: 2T, 3T, 4T, 5T, YS

APPLICATION FOR ADMISSION 2026-2027
CENTRAL BAPTIST SONSHINE PRESCHOOL & KINDERGARTEN
1120 LAKE JOY ROAD, WARNER ROBINS, GA 31088
(478) 953-9319

Child's Name_____ **Name Used:**_____

Date of Birth___/___/____ Sex: M___/F___ Phone_____

Address_____ City/State_____ Zip_____

***E-Mail Address Needed for Newsletters & Messages:_____**

Mother's Name:_____ Occupation:_____
Work Place & Address:_____
Home Phone:_____ Work Phone:_____ Cell Phone: _____
Address if different from above:_____

Father's Name:_____ Occupation:_____
Work Place & Address:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Address if different from above:_____

Parent's Marital Status: Married____ Separated_____ Divorced____ Single____ Deceased ____
If both parents do NOT have legal custody, who is the custodial parent or guardian? _____
If applicable, step-parent's name:_____

Who should we contact if your child becomes ill during the school day:_____

Child lives with: Both Parents____ Mother _____ Father ____ Other_____
Brothers/Sisters:
Name:_____ Age_____ Sex_____
Name:_____ Age_____ Sex_____
Name:_____ Age_____ Sex_____
Name:_____ Age_____ Sex_____

Please list persons other than parents that are authorized by you to take your child from preschool. Your child will NOT be released to anyone not listed on this form unless you give us prior permission. PLEASE REMEMBER TO NOTIFY YOUR CHILD'S TEACHER IF SOMEONE NEW IS PICKING UP YOUR CHILD.
Name: _____ Phone:_____ Relationship to child:_____
Name: _____ Phone:_____ Relationship to child:_____
Name: _____ Phone:_____ Relationship to child:_____
Name: _____ Phone:_____ Relationship to child:_____

List any ALLERGIES (ex: food allergies, bees, etc.) that your child may have:
****Please note if your child has been prescribed an EpiPen for their allergy:**

_____

_____

PLEASE COMPLETE THE BACK OF THIS APPLICATION

Child's Name:_____

Has your child attended preschool or a Parent's Morning Out Program before?_____
If yes, where and how many days a week?_____
Has your child enjoyed school in the past? _____Yes _____ No Is your child right or left handed? _____
What are your child's interests? _____
Do they have any unusual habits or fears? _____
Does your child have any type of physical condition that we should be aware of at school (Ex: asthma, diabetes, "lazy eye", hearing problems, ADHD, etc.)?_____

_____

Serious illnesses or operations? _____

***Has your child ever been tested or recommended for a special education program? _____ Yes _____No**
***Has your child ever been diagnosed with a learning disability? _____ Yes _____ No**

If you answered "yes" to any of the above questions with an asterisk beside it, please attach an explanation as well as copies of any test results/IEPs, if applicable.

Anything else you want us to know about your child? _____

_____

What would you like to see your child achieve this year in preschool?_____

_____

Where do you attend church? _____

If a parent cannot be reached in case of an emergency or illness during school, who should we contact?
Name:_____ Relationship to child:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____

Name:_____ Relationship to child:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____

Child's Doctor:_____ Phone_____

I give Central Baptist Sonshine Preschool permission to seek medical attention for my child, _____, in case of an emergency. I have listed on this form my child's current doctor and any allergies my child might have. The preschool will do everything possible to reach the child's family as soon as possible if an emergency should arise.

Signature of parent or legal guardian: _____Date:_____
Witness Signature:_____Date:_____

Please Note: Unless specifically noted below, photos will be taken at times during preschool that will be used for craft activities, slide shows, and publicity. **Please note below if we do Not have permission to take pictures**. We will never put names with the photos except for crafts coming home to you._____

*Please sign below acknowledging that you have read our school's handbook which outlines our school's philosophy of teaching and day to day life at Sonshine Preschool.

Parent or Guardian's Signature: _____

****Our school is not equipped to meet the needs of every child, therefore we reserve the right to deny admittance if the school believes we cannot adequately meet the child's needs.**

****We are a private weekday preschool & not a licensed childcare facility. As such, we are not required to be licensed by the GA Dept of Early Care and Learning as this program is exempt from state licensure requirements.**