



# PRESCHOOL REGISTRATION 2024-2025

Office Use:

Class: \_\_\_\_\_

Paid/Check #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

PLEASE ☒ THE CLASS YOU ARE INTERESTED IN REGISTERING YOUR CHILD

- \_\_\_\_ 3 yr. old .....Tuesday & Thursday (8:00-10:30 a.m.)
- \_\_\_\_ 4 & 5 yr. old ..... Monday, Wednesday, Friday (8:00—10:30 a.m.)
- \_\_\_\_ 4 & 5 yr. old .....Monday, 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. )

All children enrolled must be able to use the bathroom independently

**FULL-TIME ONLY:** A breakfast and lunch program are offered through the child and adult nutrition program in addition to (2) snacks daily.

**PART-TIME ONLY:** (1) nutritious snack served daily.

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:

Please check Primary Account owner

☐ Father

☐ Mother

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 AND RELATION — (For example: Grandparent/Aunt/Uncle/Other)

*Please list other than yourself*

EMERGENCY CONTACT

OK to PICK UP

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

☐☐

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

☐☐

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

☐☐

## BACKGROUND INFORMATION

What previous group experiences has your child had? \_\_\_\_\_

Previous Daycare or Pre-school (Name): \_\_\_\_\_

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)