

# Sonshine Preschool

of The Lutheran Church of Our Savior  
1157 3<sup>rd</sup> Ave., Windom, MN. 56101  
507-831-3522

## ENROLLMENT FORM 2023-2024

Select the class you are enrolling for:

\_\_\_\_\_ 3 yr. old class Monday & Wednesday.

\_\_\_\_\_ 4 & 5 yr. old Monday, Wednesday & Thursday  
(Kindergarten Readiness)

### STUDENT INFORMATION

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_  
Month Day Year

Cell Phone \_\_\_\_\_

Is student baptized? (No) \_\_\_\_\_  
(Yes) Church \_\_\_\_\_

Present Home Church \_\_\_\_\_

Child's previous participation with other children of his/her age \_\_\_\_\_

Why are you enrolling your child at Sonshine School? \_\_\_\_\_

What are your expectations of Sonshine School for your Child? \_\_\_\_\_

PARENT OR GAURDIAN INFORMATION

Father's Name \_\_\_\_\_  
Last First Middle

Address (if different from students) \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Present Home Church \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First Middle

Address (if different from students) \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Present Home Church \_\_\_\_\_

Other Children in the Family	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Day Care Provider \_\_\_\_\_  
Name Phone

## MEDICAL INFORMATION

Under Minnesota State Law a student entering school must have current immunizations.

**(Please attach clinic immunization sheet from your Doctor)**

Does your child have any allergies, especially food?

If, yes, please specify \_\_\_\_\_

Is your child taking any medications?

If, yes please specify \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

What is the status of the child's?

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Speech \_\_\_\_\_

Please list any pertinent Health Information and Special Care that your child may require or that the Teacher should know. (Allergies, food sensitivities...)

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Local persons to be called in case of an emergency (after and in addition to parents).

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Phone \_\_\_\_\_

The completion of this application form and the signature of the parent or guardian constitutes an agreement that any tuition or fees pertaining to this student's enrollment at the Lutheran Church of Our Savior Sonshine Preschool will be paid when due by the parent or guardian signing this form.

Tuition 2 days per week - \$70/month; 3 days per week - \$100/month  
**\$25.00** non-refundable registration fee (will go towards first month's tuition)

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Signature of Parent of Guardian

Date