First Presbyterian Church

Sonshine School

Registration After School Program School: 828-526-8865 Church: 828-526-3175 471 Main Street Highlands, NC 28741 School Year

Legal Name o	of Student:				
		Last	First	Middle	
Nickname:					
Male	Female	Age	Date of Birth		
Days your chi	ld will be attending	g: (check) Monday _	Tuesday Wednes	day Thursday Frid	ay
School info: _					
Does your chi	ild have any allergi	es, dietary restrictio	ns or other health limitatio	ns?	
If yes, please	list:				
Does your chi	ild take medication	?			
If yes, please	list:				
If your child w	vill need medication	n during the progra	m you must fill out a permis	sion form.	
				3.0.1. j 0.11.1.	
Handicapped	? Yes _	No			
Single parent	household? Yes _	No			
Legal Guardia	ın:			_	
	•	·		cial custody papers to be kep	ot on
file at the site	e. **Otherwise, the	program must lega	lly release the child to eithe	r parent.	
Father's name/le	egal Guardian				
Home Address					
Mailing Address					
City/Zip					

Authorized to pick up child? Yes		No
	Phone (home)	
	Employer	
	Phone (work)	
	Mobile	
	Email	
	Driver's License	
Mother's name/le	gal Guardian	
Home Address		
Mailing Address		
City/Zip	pick up child? Yes	No
Authorized to p	pick up cilliu: Tes	
	Employer	
	Phone (work)	
	Mobile	
	Email	
	Driver's License	
		or contact for emergency other than parent: MUST HAVE TWO LISTED. o ID when picking up child.
1		Phone
2		Phone
3		Phone
4		
5		-1
Family Doctor:		Phone:
Hospital Prefer	ence: (Highlands-Cashier	Hospital is the closest hospital unless specified)
Accident Insura	ance/Other:	
Policy #		

^{*}Required by State Law

^{**}Required by State Law for children born on or after 10/1/88

^{***}Required by State Law for children born on or after 7/1/1994