

SONSHINE

C O N N E C T I O N

2017-2018

SONSHINE CONNECTION, Woodcreek Church's Mother's Day Out, is a two day a week, integrated Christian program for children ages 1-4. (By September 1)

PURPOSE:

1. To introduce the children to God, His son, Jesus Christ and Their book, the Bible.
2. To provide children with a loving, Christian environment for social development.
3. To support parents in developing Godly characteristics in their children.
4. To prepare the four year olds for kindergarten.

PARTS of the PROGRAM:

1. Chapel one day a week
2. Music for 2-4 year olds
3. Spanish classes for 3-4 year olds
4. Curriculum: monthly unit studies, Bible stories, art, science, centers
5. Christmas program for 3-4 year olds
6. Pre-K graduation

REGISTRATION/SUPPLY FEES:

A non-refundable registration fee of \$100 for the first and second child is due **with this registration form** to hold your spot. *Returning families will be \$80.* The third child is \$75. Checks can be made out to Woodcreek Church.

A non-refundable supply fee of \$75 per child is also due with August payment.

All incoming three year olds **MUST** be toilet trained. No diapers/pull ups.

DAYS and HOURS: First class day is **September 5th, 2017.**

Tuesdays and Thursdays from **9am-2pm.**

(We will no long be accepting 1 day a week children.)

COST:

Payments are due the first Tuesday of each month for months September through May. We're hopeful to have online payments available in August 2017. (Details to come.)

FIRST CHILD: \$200 per month

SECOND CHILD: \$185 per month

THIRD CHILD: \$170 per month

CANCELLATIONS:

Should circumstances arise and you can't keep your spot, please let Donna Russell know as soon as possible. This will give us the opportunity to allow another child to be a part of SONSHINE CONNECTION.

CONTACT INFO:

Donna Russell

972-754-5227 - Cell phone (please leave a message)

sonshineconnection@woodcreekchurch.com

Family Information

Child #1's name _____ M ___ F ___
Birth date _____
What should s/he be called _____

Child #2's name _____ M ___ F ___
Birth date _____
What should s/he be called _____

Child #3's name _____ M ___ F ___
Birth date _____
What should s/he be called _____

Mother's name _____
Mother's cell number _____
Mother's email _____

Father's name _____
Father's cell number _____
Father's email _____

In case of emergency whom should we call first? _____

Home Address: _____
City: _____ Zip Code: _____

Church Affiliation _____
Allergies _____

If both parents (above) are not available, please give us a third person to contact.

Name _____
Phone number _____
Relationship to child _____

For 1 and 2 year olds.

Does your child sleep with:
Pacifier _____
Special blanket _____
Special stuffed animal or other lovey _____

What would you like for us to know about your child(ren)? Please tell us on the back of this registration form.

