

# SonShine Station 2025-2026 Registration Form

<p>___ Ec1rly Bird Before School Program Open from 6:30-8:05 A.M.</p> <p>-+ \$35 weekly fee</p> <p>-+ \$20 one day fee</p> <p>___ After School Program Open from 3:00-6 P.M.</p> <p>-+ \$55 weekly fee for FCS students</p> <p>-+ \$65 weekly for MCPS SHE/LAX students</p> <p>-+ \$25 one day daily fee per child</p> <p><small>*A minimum of six students must participate in the after school program from Lacrosse Elementary in order for this service to be offered. All county/private school buses must provide transportation which must be arranged by the parent/guardian of the child.</small></p>	<p>Payment options:</p> <p><input type="checkbox"/> Weekly (every Monday)</p> <p><input type="checkbox"/> Monthly (1<sup>st</sup> Monday of every month)</p> <p><input type="checkbox"/> Once*</p> <p><input type="checkbox"/> I would like to make other arrangements with Director</p> <p>Sibling discount of \$10 off 2<sup>nd</sup> and 3<sup>rd</sup> child</p> <p>*if paid in full by Sept 13<sup>th</sup>, you will receive a discount of \$50 off total payment for the school year</p> <p>Signature: _____</p>
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<b>Basic Information:</b>			
Child's Name: _____	Child's age: ____ _	Sex: <b>M</b> <b>F</b>	
Date of Birth: _____	School/Grade: _____		
Preferred Name: _____			

<b>Contact Information:</b>									
Parents/Guardian's Name: _____									
Home Address: _____ _____									
Phone Numbers:									
Home: _____									
Work (Father): _____		Work (Mother): _____							
Cell (Father): _____		Cell (Mother): _____							
<p>Please indicate by numbering 1-5 (1 being first person we call and 5 being last number we call) which number is the best for the parent/guardian to be reached:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Home</td> <td>Work Father</td> <td>Cell Father</td> <td>Work Mother</td> <td>Cell Mother</td> </tr> </table>					Home	Work Father	Cell Father	Work Mother	Cell Mother
Home	Work Father	Cell Father	Work Mother	Cell Mother					

## SonShine Station Basic Policies and Procedures

*Please review the information below regarding SonShine Station's policies and procedures. Please initial on each line and sign at the bottom to indicate you have read and understand the policies.*

**SonShine Station Commitment:** SonShine Station agrees to provide the children in their care a quality, age-appropriate, creative and active learning environment based on Christian values.

**Registration Fee:** A \$20.00 registration fee (and all registration paperwork) per child is due before the first day of attending SonShine Station. After September 16<sup>th</sup>, the registration fee will increase to \$40.00 per child.

**Refunds/Withdrawals:** No credit will be given for days my child is absent unless there is an emergency situation and the Director has signed off on written notice.

**Payment:** Payment is due by the first Monday of each month for *monthly* payments and every Monday for weekly payments. For your convenience, you may choose one of the payment plans listed on page one.

**Late Payment:** Payments not received by the contracted date are subject to a late payment fee of \$5 per day late. Should payments fall more than 15 days in arrears; the student will not be allowed to return until payments are brought current and a re-registration fee may apply.

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Initial Here

**Illnesses:** Students will be sent home at the discretion of the Director based on unusual behaviors, symptoms for any illnesses, temperature (99.6 F or higher), and complaints from students. SonShine Station will notify the parent/guardian whenever the child becomes ill during SonShine Station hours. Students will be in the quarantine room until they are picked up. The parent/guardian agrees to make arrangements to have the child picked up from the facility as soon as possible.

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Initial Here

**Homework Help:** SonShine Station offers homework help for **WRITTEN** homework only. All reading assignments, studying, and spelling word reviews must be done at home. Please review all homework with students and check for mistakes. Homework help goes from 3:15-4:30 pm.

I would like my child to receive homework help while at SonShine Station:    YES            NO

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Initial Here

**Cell Phones and Other Electronic Devices:** Cell phone and other electronic devices will only be allowed during Early Bird times (6:30-8:05 am). They will not be allowed to have these devices on their person any other time. We are not responsible for stolen or broken devices. If there is abuse of the devices during Early Bird times, then we reserve the right to prohibit the use of these devices. Abuse includes but is not limited to: bullying, visiting inappropriate sites/apps, playing inappropriate games/apps, and jeopardizing their and other student's safety.

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Initial Here

**By signing this contract, I hereby agree to abide by the policies and procedures outlined by SonShine Station and the FCS Handbook and submit all payments according to the option I have selected.**

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Parent/Guardian Signature

Date

## Emergency Policy and Authorization

It is the general policy of SonShine Station to transport to the local emergency room any child who is injured while in our care and requires emergency treatment. This authorization will allow SonShine Station to obtain medical care for your child. It will also allow hospitalization, diagnostic testing, surgical procedures, and/or the administration of medications to my child if deemed necessary by a physician in an emergency situation. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. I understand that this authorization does not release SonShine Station from the responsibility to properly notify me (or someone designated by me) as soon as possible in an emergency.

\_\_\_ **Yes**, I want the above procedure followed for \_\_\_\_\_  
(Child's name)

I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_ **No**, I do not want the above policy followed for \_\_\_\_\_  
(Child's name)

I prefer the following procedure:

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\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## Information Form for Office Binders

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

### Contact Information:

Home Telephone number: \_\_\_\_\_

Mother's work number: \_\_\_\_\_ cell number: \_\_\_\_\_

Father's work number: \_\_\_\_\_ cell number: \_\_\_\_\_

### Emergency contacts if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

### Individual(s) who are allowed to pick up your child:

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### Individual(s) who are NOT allowed to pick up your child:

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**Physician Information:**

Physician/Clinic's Name: \_\_\_\_\_

Office number: \_\_\_\_\_

**Important Health Information:**

Please list any and all allergies your child may have:

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Please list any and all medication your child takes:

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Will your child be taking any of these medications while at SonShine:      Yes      No

If you circled yes, please see the Director to fill out an additional medical form.

Please list any additional information you think we should know about your child:

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**FOR OFFICE USE ONLY**

0    Registration Paid on:      C# \_\_\_\_\_    Cash    \_\_\_\_\_  
0    Confirmed Forms  
0    Confirmed Bus Arrangements  
0    Invoiced Account  
0    Confirmed Homework List  
0    Added to Brightwheel System

Initials of person receiving:

Date:

Director's Signature:

Date: