

#### **Sonshine Preschool Ministries**

700 E. Olive St. Marshalltown, IA 50158 641-753-3082

www.fbcmarshalltown.com sally@fbcmarshalltown.com

### **Sonshine Jump Start**

## 2 - 3 year-olds

Thank you for your interest in Sonshine Preschool Ministries.

#### **Program Description:**

The primary focus of the Sonshine Jump Start program is to provide quality Christian-based **preschool & childcare for 2 – 3 year-olds.** Jump Start is a versatile program including options for part-time preschool as well as full-day programs. Preschool includes center play, learning activities, physical activities, & snacks. Full-day programs include Early Morning Care, Preschool, more physical activities, naptime, snacks & playtime. Focus will be learning through play with planned curriculum during the morning hours. Physical activities will be interspersed throughout the day to provide active learning and development of large-motor skills.

#### **Registration:**

Return application and the \$65.00 registration/educational supply fee to reserve a spot

Director will contact parents with confirmation and File Information needed – physical, immunization records & authorizations

#### **Program Options:**

Prerequisite: Children must be at least 2-years-old. Children may enter the Sonshine Jump Start program at any time of the year, whenever a child has turned 2-years-old, depending on availability of space.

Preschool Only 9:00 – 11:30 (2-days T/TH, 3-days MWF and 5-days M-F) (requests will be reviewed based on availability)

Full-time Childcare & Preschool 5 full-days/week: 7:15 am - 5:15 pm

Part-time Childcare & Preschool 2 or 3 full-days/week: 7:15 am – 5:15 pm (requests will be reviewed based on availability)

#### Other Programs:

**Sonshine Preschool** for 3 – 5 year-olds Preschool & Childcare (must be 3-years-old by Sept. 15, 2019 and toilet-trained), starting August 2019

**Summer Sonshine** for Preschoolers & K – 6<sup>th</sup> graders, starting June 5, 2019

If you have any questions, please contact the director, Sally Mills, at 641-753-3082 ext. 31 or <a href="mailto:sally@fbcmarshalltown.com">sally@fbcmarshalltown.com</a>. Thank you again for considering Sonshine Jump Start.

# **Application for Enrollment at Sonshine Jump Start**

# 2 - 3 year-olds

Please complete this application and the Program Option form, and send it in with your \$65.00 registration/educational supply fee as soon as possible. This completed application and the registration fee will reserve space for your child in our program.

| Name of child:                                                                             | -                       |                                |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| Date of Birth:                                                                             | -                       |                                |
| Name of Guardians:                                                                         | _                       |                                |
| Address:                                                                                   |                         | -                              |
| Phone Numbers:                                                                             |                         |                                |
| Cell                                                                                       | Work                    | Home (if applicable)           |
| Mother:                                                                                    |                         |                                |
| -ather:                                                                                    |                         |                                |
| E-mail:                                                                                    |                         | (please print clearly)         |
| How did you hear about Sonshine Pre<br>Recommended by family/friends<br>Facebook<br>Other: | Interne                 | et Search<br>or sign by church |
| For office use only:                                                                       |                         |                                |
| Registration fee paid Confirmation                                                         | n sent Parents join BLO | OMZ                            |
| Medical Consent Immunizations                                                              | Physical Authorizat     | ions                           |

| Please answer the following questions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has your child had previous childcare experience? No Yes  If yes, where?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Does your child have any special needs (allergies, health concerns, separation anxiety, developmental delays, ADHD/ADD tendencies, Autism/Ausberger spectrum, etc.) that the Sonshine Jump Start Staff should know about?  No Yes  If yes, please explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Has your child been referred for additional services or currently have an IEP ( <i>Individualize Educational Program</i> )?  No Yes  If yes, please explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>ATTENTION PARENTS:         <ul> <li>Once your child's application has been processed, you will receive an email with instructions to join our communication network called BLOOMZ.</li> <li>BLOOMZ will help the director connect instantly with individuals or groups of parents.</li> <li>All communications with parents will be through BLOOMZ including enrollment confirmation &amp; distribution of additional File Information forms. Messages may contain attachments that will sometimes need to be printed out.</li> <li>Parents may choose whether to receive messages via text or email. Parents will be able to download an app on their smartphone.</li> <li>We will also use this system throughout the school-year to give parents any preschool-wide announcements/reminders, monthly newsletters or schedule changes due to weather or other circumstances.</li> </ul> </li> </ul> |
| Signature:  I am submitting a non-refundable \$65 registration/educational supply fee with my application. I agree to give a 2-week notice when discontinuing services. I will pay the weekly cost for those 2 weeks after notice is given.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signed (Guardian's signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Date \_\_\_\_\_

# **Program Options for Jump Start**

| Please mark | 1st | & | 2 <sup>nd</sup> | choices: | (i | f api | plicabl | e) |
|-------------|-----|---|-----------------|----------|----|-------|---------|----|
|-------------|-----|---|-----------------|----------|----|-------|---------|----|

A certain percentage of openings will be reserved for children enrolled full-time (full-days 5-days/week)

| Preschool Only:                                                                                                         |                                                                                                                                                                                                               |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 2-days/week T/TH \$105/month                                                                                            |                                                                                                                                                                                                               |  |  |  |  |  |  |
| 3-days/week MWF \$155/month                                                                                             |                                                                                                                                                                                                               |  |  |  |  |  |  |
| 5-days/week M-F \$250/month                                                                                             |                                                                                                                                                                                                               |  |  |  |  |  |  |
| Part-time Childcare & Preschool:                                                                                        |                                                                                                                                                                                                               |  |  |  |  |  |  |
| 2 full-days/week T/TH \$64/week 7:15 am – 5:                                                                            | 15 pm                                                                                                                                                                                                         |  |  |  |  |  |  |
| 3 full-days/week MWF \$96/week 7:15 am – 5:15 pm                                                                        |                                                                                                                                                                                                               |  |  |  |  |  |  |
| Full-time Childcare & Preschool: 7:15 am – 5:                                                                           | 15 pm                                                                                                                                                                                                         |  |  |  |  |  |  |
| 5-days/week \$160/week                                                                                                  |                                                                                                                                                                                                               |  |  |  |  |  |  |
| Christmas Break (approximately between Christmas Eve – I                                                                | Day, Fourth of July, Labor Day, Thanksgiving Break (Wed. – Fri.), New Year's Day). In addition, Sonshine Preschool Ministries will an deep clean the facilities and prepare for the coming school be program. |  |  |  |  |  |  |
| Cost for Jump Start: Sonshine Jump Start has a weekly fee (listed above). at a time at the beginning of the pay period. | Parents may pay at the beginning of each week or 4 weeks                                                                                                                                                      |  |  |  |  |  |  |
| Parents will provide sack lunches for the noon meal, & have special dietary needs, parents will be responsible          | & Jump Start will provide all snacks & 1 % milk (children who for providing a milk alternative).                                                                                                              |  |  |  |  |  |  |
|                                                                                                                         | ups and a change of clothes. Jump Start will provide wipes<br>Jump Start staff will encourage potty-training once parents                                                                                     |  |  |  |  |  |  |
| Start Date:                                                                                                             |                                                                                                                                                                                                               |  |  |  |  |  |  |
| First available                                                                                                         |                                                                                                                                                                                                               |  |  |  |  |  |  |
| Specific start date requested                                                                                           | (will be reviewed based on availability)                                                                                                                                                                      |  |  |  |  |  |  |