

Thank you for your interest in the Sonshine Christian School. We hope this information is helpful in your decision making process concerning your child's Kindergarten education. Sonshine Christian's goal is to make the first educational experience for your child a positive one with a Christ-centered base. We have small classes with a class limit of 18 students, so we can give more focus on your child. We want your child to love, learn and grow. We will partner with parents in helping children to grow spiritually, academically, socially, and emotionally.

The Sonshine Christian School is here to challenge students to develop intellectually, spiritually, physically, and socially. We utilize centers, units, and theme topics in a combination of group and individual instruction to learn the state standards and help our students strive to do their best in their educational journey.

Sonshine Christian School offers Half-Day Kindergarten, Monday-Friday from 8:30am-12:00pm. We are licensed through The Ohio Department of Children and Youth.

Tuition is \$300 per month for ten months or \$3,000 for the year.

Registration is on a first come/first serve basis.

A \$100 NON-REFUNDABLE registration fee is due at the time of pre-registration.

## NO SPOT WILL BE HELD WITHOUT IT.

Once the class is full, you may be placed on a waiting list. Class Limit- 18 Students

Sonshine Christian School
909 West Locust Street, Wilmington, OH 45177
Cassie DeBoard, Administrator • 937-382-0904 ext. 110
DeBoard.Sonshine@gmail.com

"Train up a child in the way of the Lord and when he is old, he will not depart from it."

Proverbs 22:6



## Kindergarten Registration 2024-2025

Child's Name:			
Male/Female circle one	Age: as of Aug. 1		
Birthdate:			
Address:			
Parent Informatio	on		
Father's Name:			
Address:			
Email:		Phone:	
Mother's Name:			
Address:			
Email:		Phone:	

Registration is on a first come/first serve basis.

HALF-DAY KINDERGARTEN \$300.00 PER MONTH (For 10 months)
Annual Cost: \$3,000
MON-FRI 8:30-12:00 PM

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For Office Use Only

Date Paid: Payment Type: Amount:

## Return to:

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