

SONSHINE SCHOOL

SonshineSchool.com

North Boulevard Church of Christ

Enrollment Application

Date _____
Full name of child _____
Name usually called _____
Sex M F Age _____ Birthdate _____
Home Phone () _____ Cell Phone () _____
Home address _____

City _____ Zip _____
Other children in family _____ Age _____
_____ Age _____
_____ Age _____

Parents

Married ____ Divorced ____ Separated ____ Widowed ____
Mother's name _____
Occupation _____ Employer _____
Work address _____
Work phone () _____
Father's name _____
Occupation _____ Employer _____
Work address _____
Work phone () _____
Ethnic background (optional) _____

Where do you attend church? _____

Person(s) authorized to pick up your child from Sonshine School:

Name _____ Phone () _____
Address _____
Name _____ Phone () _____
Address _____

Suitable arrangements must be made in advance with the Director if, on a particular day, you wish someone other than one of the above authorized individuals to call for your child).

(please fill out other side)

Child's doctor _____ Phone () _____

Please list two people we could reach during the day if we cannot reach you.

Name _____ Phone () _____

Name _____ Phone () _____

Has your child been enrolled in any other pre-school? If so, where?

Does your child have any particular activity he/she enjoys?

Is your child attached to any special toys or objects?

Does your child have any special eating habits or allergies?

Does your child have any known sight, hearing or speech problems?

Any additional comments: _____

I hereby consent to the following:

1. To Sonshine School's possession of my child during the program.
2. To Sonshine School's release of my child to persons authorized by me on this form.
3. To Sonshine School's feeding lunch and snacks to my child (lunch sent from home, snack provided by Sonshine School).
4. To the use and exercise of reasonable discipline in instructing and correcting my child.

Signed _____ Date _____