



SONSHINE PRESCHOOL

2020-21 APPLICATION FOR ADMISSION

PLEASE PRINT NEATLY AND CLEARLY

OFFICE USE ONLY

Date Received _____

Registration Fee _____

Confirmation _____

Child's Name _____ Nick Name _____ Male ___ Female ___ Birthdate _____

Address _____ City _____ State Ohio Zip _____

Primary Parent/Guardian Name _____ Relationship to Child _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

Email _____ Work Phone (_____) _____

Occupation _____ Hours _____

Secondary Parent/Guardian Name _____ Relationship to Child _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

Email _____ Work Phone (_____) _____

Occupation _____ Hours _____

Emergency Contacts:

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Other persons who will be responsible for picking up your child (NOT PARENTS):

Name & Relationship to Child _____ Phone (_____) _____

Name & Relationship to Child _____ Phone (_____) _____

Name & Relationship to Child _____ Phone (_____) _____

Please mark your preference below with a 1st and 2nd choice.

Morning classes meet 9:15AM-12:00PM

Afternoon classes meet 12:30PM-3:15PM

Children must be at least 3 years old and toilet trained.

MWF (3 day) _____ T/W/TH (afternoon) _____ T/TH (2 day) _____

Pre K: MTWTF (5 day) _____ (child MUST be entering Kindergarten the following year)

***Class Placement is on a 1st come 1st served basis. *No application will be placed until Registration fee is paid.**