



# SONSHINE PRESCHOOL

## 2021-2022 APPLICATION FOR ADMISSION

OFFICE USE ONLY

Date Received \_\_\_\_\_

Registration Fee \_\_\_\_\_

Confirmation \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Occupation & Hours Working \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Occupation & Hours Working \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contacts (NOT PARENTS): Please provide the same names & numbers as provided on the blue CHILD ENROLLMENT & HEALTH INFORMATION FOR CHILD CARE SHEET:**

Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Contact 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Morning Classes (9:00 AM – 12:00 PM)	Check order of preference (check only one preference per line)
Tuesday / Thursday (2 Day)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Monday / Wednesday / Friday (3 Day)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Pre-K: Monday – Friday (5 Day, MUST enter Kindergarten the next year)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Afternoon Classes (1:00 PM – 4:00 PM) * will be added if enrollment supports*	
Monday / Wednesday / Friday (3 Day)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th

