Sonshine Preschool Application for Admissions (PLEASE PRINT)

Child First & Last Name: _____ Nickname: _____ Date of Birth: _____/_____/_____

Gender: ___ Male ___ Female   Is your child toilet trained? ___ Yes ___ No

Home Address: _____ City: _____ Zip Code: _____

Primary Parent/Guardian Information

First & Last Name: _____ Relationship to Child: _____

Same address as child? ___ Yes ___ No - if NO, provide address: _____

Phone Number: (_____) _____ - _____   Email: _____

Occupation & Working Hours: _____

In an emergency, can we contact you at work? ___ Yes ___ No - if YES, provide number: (_____) _____ - _____

Secondary Parent/Guardian Information:

First & Last Name: _____ Relationship to Child: _____

Same address as child? ___ Yes ___ No - if NO, provide address: _____

Phone Number: (_____) _____ - _____   Email: _____

Occupation & Working Hours: _____

In an emergency, can we contact you at work? ___ Yes ___ No - if YES, provide number: (_____) _____ - _____

Other pickup individuals for your child (not parents):

(1) First & Last Name: _____

Relationship to Child: _____ Phone Number: (_____) _____ - _____

(2) First & Last Name: _____

Relationship to Child: _____ Phone Number: (_____) _____ - _____

Class	Check 1st, 2nd, 3rd class of interest				
Tuesday / Thursday (2-Day)	ϒ 1st	ϒ 2nd	ϒ 3rd	ϒ 4th	ϒ 5th
Monday / Wednesday / Friday (3-Day)	ϒ 1st	ϒ 2nd	ϒ 3rd	ϒ 4th	ϒ 5th
Pre-K*: Tuesday / Thursday (2-Day)	ϒ 1st	ϒ 2nd	ϒ 3rd	ϒ 4th	ϒ 5th
Pre-K*: Monday / Wednesday / Friday (3-Day)	ϒ 1st	ϒ 2nd	ϒ 3rd	ϒ 4th	ϒ 5th
Pre-K*: Monday – Friday (5-Day)	ϒ 1st	ϒ 2nd	ϒ 3rd	ϒ 4th	ϒ 5th

<u>*Class Placement is a first come first served basis. No applicant will be placed until Registration fee is paid in full*</u>

*Pre-K Requirements: must be 4 as of August 1st - must go to kindergarten the following year.

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