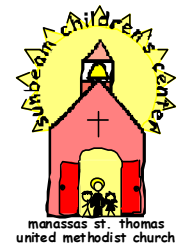


# Sunbeam Children's Center - Preschool Program

## 2011-2012 Application for Enrollment



- \$ 80 non-refundable registration/materials/activity fee is due at time of registration.
- \$ 95 non-refundable registration/materials/activity fee for Junior Kindergarten class.

Child's Full Name \_\_\_\_\_ Present Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Name you would like us to call your child \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

### **Indicate class for which you are enrolling your child**

\* 2-3 Year Old 2-Day Class—must be 2 to 3 years old by Sept. 30, 2011 (Classes begin at 9:15 am and end at 12:15 pm)

\_\_\_\_\_ Monday/Wednesday

\_\_\_\_\_ Tuesday/Thursday

\*3 Year Old Class—must be 3 years old by Sept. 30, 2011 (Classes begin at 9:15 am and end at 12:15 pm)

\_\_\_\_\_ 3-Day Class (Monday, Wednesday, Friday)

\*4 Year Old Class—must be 4 years old by Sept. 30, 2011 (Classes begin at 9:15 am and end at 12:15 pm)

\_\_\_\_\_ 3-Day Class (Monday, Wednesday, Friday)

\_\_\_\_\_ 4-Day Class (Monday, Tuesday, Wednesday, Thursday)

\_\_\_\_\_ 5-Day Class (Monday-Friday)

\*Junior Kindergarten—for children turning 5 years old from 7/1/11 to 12/31/11 (Classes begin at 9:15 am and end at 1:30 pm)

\_\_\_\_\_ 5-Day Class (Monday-Friday)

### **Parents/Guardians**

Mr/Mrs/Ms \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with child?  yes  no

Employer/Occupation \_\_\_\_\_

Mr/Mrs/Ms \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with child?  yes  no

Employer/Occupation \_\_\_\_\_

### **Parent Contact Information**

Primary Contact Name \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_

Home  Work  Cell

Secondary Contact Name \_\_\_\_\_

Secondary Contact Phone \_\_\_\_\_

Home  Work  Cell

Other Contact Name \_\_\_\_\_

Other Contact Phone \_\_\_\_\_

Home  Work  Cell

Primary Email \_\_\_\_\_

Person(s) responsible for paying tuition: \_\_\_\_\_

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**Non-Guardian Adults Authorized to Pick-Up Child**

Please list below, in order of contact preference, any adults authorized to pick-up your child. (You must include at least TWO local persons to call in the event of an illness, accident, late pick-up, or other emergency.) **Sunbeam Children's Center will only release your child to persons listed below or to persons whom we have received verbal or written permission from a parent/guardian.** A valid photo ID will be required at the time of pick-up.

1.) Mr/Mrs/Ms \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pick-up in emergency?  yes  no Other Phone \_\_\_\_\_

2.) Mr/Mrs/Ms \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pick-up in emergency?  yes  no Other Phone \_\_\_\_\_

3.) Mr/Mrs/Ms \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pick-up in emergency?  yes  no Other Phone \_\_\_\_\_

**Medical Information**

Name of child's physician or clinic \_\_\_\_\_

Address of physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Name of medical insurance \_\_\_\_\_

Date when child was last examined by a physician \_\_\_\_\_

Special physical conditions/allergies we should be aware of \_\_\_\_\_

**Other Information**

Has your child ever been in preschool before?  Yes  no If yes, where? \_\_\_\_\_

Is English a second language in your home?  Yes  no If yes, primary language? \_\_\_\_\_

Church membership or religious preference? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Names and ages of other children in the home \_\_\_\_\_

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**Consent to Medical Care and Treatment of Minor Child**

I, \_\_\_\_\_ (*name of natural parent or legal guardian*), hereby give permission that my child \_\_\_\_\_ (*name*), may be given emergency treatment, to include first aid and CPR by a qualified staff member of **Sunbeam Children's Center**. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician's and hospital bills, and said center shall not be responsible for them.

**Signature of Parent/Guardian** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Photograph Release**

I release Sunbeam Children's Center to photograph my child while participating in daily activities, and to use the photographs in school/church displays showing these daily activities.

**Signature of Parent/Guardian** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only**

Registration Fee PD \_\_\_\_\_ PAF \_\_\_\_\_ BC \_\_\_\_\_ VHF \_\_\_\_\_

Teacher \_\_\_\_\_ Room# \_\_\_\_\_ Date Entered in Database \_\_\_\_\_