

# Sunrise Preschool Enrollment Form

Please fill out both sides of this form and return it the church office along with your

**Registration fee and 1<sup>st</sup> month Tuition.**

Enrollment for \_\_\_\_\_ 4-5yr old class \_\_\_\_\_ 3-4yr old class

Child's Name \_\_\_\_\_  
First Middle Last

Name to be called at school \_\_\_\_\_ Sex of child \_\_\_\_\_ M \_\_\_\_\_ F

Date of Birth \_\_\_\_\_ Age of child as of August 31 \_\_\_\_\_ years \_\_\_\_\_ months

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Optional

Father's name \_\_\_\_\_ Work phone \_\_\_\_\_  
First Last

Mother's name \_\_\_\_\_ Work phone \_\_\_\_\_  
First Last

## FAMILY INFORMATION

Father's Occupation \_\_\_\_\_ Birthday \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Birthday \_\_\_\_\_

Names, ages and birthdays of other children in the home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church Attending \_\_\_\_\_

In case a parent cannot be reached, list two friends or relatives we may contact:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

May we have permission to photograph and use your child's photograph in church publications for the purpose of promoting Sunrise Preschool and the ministries of Sunrise Baptist Church \_\_\_Yes \_\_\_No

\*\*\*\*\* HEALTH INFORMATION \*\*\*\*\*

Immunizations current? \_\_\_ Yes \_\_\_ No \*Please enclose a copy of immunization record

Has your child had any specific health problems which the staff should be aware of - vision or hearing loss, convulsions, hyperactivity, etc.? \_\_\_\_\_

Is your child allergic to any foods? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Consent for Medical Treatment**

As the parent/guardian of the above named, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, or EMT. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

\_\_\_\_\_  
Parent's Signature / Date

I accept the policy and regulations of Sunrise Preschool and release it from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control.

\_\_\_\_\_  
Parent or Guardian Signature / Date

\*\*\*\*\* PAYMENT POLICY \*\*\*\*\*

Accounts are due the first of the month. After the 15<sup>th</sup> there will be a \$10.00 late charge unless other arrangements are made. If an account becomes 60 days past due then services will no longer be available (the child will have to withdraw from class). Any returned check will be charged an additional fee of \$15.00. I have read and will adhere to the above policy.

\_\_\_\_\_  
Parent's Signature

\*\*\*\*\* PARENT/GUARDIAN INVOLVEMENT \*\*\*\*\*

At Sunrise Preschool, our philosophy is to have the involvement of parents in their child's education. We value our parents! We also base our tuition on the amount of parent help in the classroom. With that in mind, it is the responsibility of the parent to assist in the classroom at least once a month. If you are not able to participate in the classroom, you may have another member of your household (i.e.: grandparent, aunt, nanny) step in and fill that role. If you decide not to participate in the classroom there will be an additional cost of \$10.00 per month. A calendar will be available at the Open House, Orientation Meeting and in the Classroom to sign up for preferred days. I have read and will adhere to the above policy.

\_\_\_\_\_  
Parent's Signature

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