

Sunrise Preschool Enrollment Form

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

Registration fee and 1st 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 15th 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 *****

Parent's participation in a child's education is proven to increase learning and shows a direct link to success in the classroom. Enrollment at Sunrise Preschool provides an opportunity for your involvement at least once per month. If you cannot help in the classroom, a grandparent, relative, etc. can assist.

Parent's Signature
