

SONSHINE PRESCHOOL AND CHILD CARE

ENROLLMENT FORM

Child's Full Name _____ Nickname: _____

Birth date _____ Gender: M/F Age _____

FAMILY INFORMATION

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Address: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____

Living Together _____ Widowed _____ Remarried _____

Legal Custody: Both parents _____ Mother _____ Father _____ Guardian _____

Other children in the family: (Names and ages, please)

Brother _____ Age _____ Sister _____ Age _____

Brother _____ Age _____ Sister _____ Age _____

Other persons living in the household _____

Parent 1 Occupation: _____ Employer: _____

Parent 2 Occupation: _____ Employer: _____

Church affiliation: _____

Family members that could share their occupation, hobby collections, special interest with us:

CHILD INFORMATION

Previous Preschool Experience: Y/N Name of Previous Preschool: _____

Describe your child at present stage of development:(Include positive qualities and negative behaviors)

Any concerns regarding speech or physical development? If yes, please describe _____

Any Food or Environmental Allergies: _____

Any Specific Health Problems (i.e seizure disorder, Asthma, diabetes, gastrointestinal issues)

Activities Enjoyed: _____

Any challenge areas? i.e. eating, dressing, sleeping, fears, temper tantrums, nervous habits, etc.

What kind of experience would you like your child to have this year?

Any other info you'd like us to have?

Parent Signature: _____ Date: _____