

SONSHINE PRESCHOOL
2730 South Ironwood Dr.
South Bend, IN 46614
Phone (574) 289-9269
Email: mj.lemler@drcc.net

ENROLLMENT FORM

Child's full name: _____ Date of birth: _____

Name child goes by: _____ Male _____ Female _____

Address: _____ Zip code _____

Child lives with: _____

Mother/ Guardian: _____ cell phone: _____

e-mail address _____ Place of employment: _____

Father/Guardian: _____ cell phone: _____

e-mail address _____ Place of employment: _____

Please check which class you would like to enroll your child in.

_____ **3 year old** – Class meets on **Tuesday and Thursday**, 9am – 11:45am. Tuition is \$720 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$80. *Registration fee - \$50

_____ **Pre-K Option 1** – (age 4) **Class meets on Monday, Wednesday and Friday**, 9am – 12. Tuition is \$1080 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$120. *Registration fee - \$50

_____ **Pre-K Option 2** – (age 4 or 5) **Class meets daily, Monday - Friday**, 9am – 12. Tuition is \$1800 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$200. *Registration fee - \$50

*Registration fee is non-refundable

PHOTO RELEASE

Photos would only be used at preschool, on our facebook page, or on our website.

Your child's name will not be listed on photos. Please check one and sign below:

_____ Yes - You may use my child's photo.

_____ No - You may not use my child's photo.

Parent or Guardian Signature

Date

PERSONAL HISTORY

Names and ages of other children in the home: _____

Describe your child's personality: _____

Are there any factors in your child's life we should be aware of? (absence of parent, adoption, illness, new baby etc.)

Is English the primary language spoken in the home? YES ___ NO ___ if not, what language? _____

Any speech difficulties? _____

What is your child's dominant hand? Left _____ Right _____ Not sure yet _____

Does your child go to church? Yes ___ No ___ Name of church: _____

PICK-UP AUTHORIZATION

PERSONS AUTHORIZED TO PICK UP CHILD

Name

Relation to child

Phone #

- | | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Your child will not be released to anyone not known to the school without authorization from the parent or guardian.

NOTE: It is legal for either parent to pick up a child unless the school is provided with a copy of a court order restricting visitation.

MEDICAL INFORMATION

***A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED.**

PHYSICIAN/GROUP NAME _____

ALLERGIES: _____

MEDICATIONS: _____

SPECIAL CONCERNS/NEEDS: _____

EMERGENCY CONTACT:

NAME

PHONE

RELATION TO CHILD

_____	_____	_____
_____	_____	_____