
SONBEAM PRESCHOOL AND DAYCARE
ENROLLMENT APPLICATION

Child's Name:
First Last

Child's Home Address: Street Address Street Address Line 2 City
 State / Province / Region Postal / Zip Code

Country

How did you hear about us?

Your Name: Larry Johnson
First Last

Your E-mail:

Primary Contact's Phone (You): -
Area Code Phone Number

Child's Date of Birth:

Child's Gender:

Secondary Contact's Name (Parent/Guardian):
First Last

Secondary Contact's (Parent/Guardian)Address: Street Address Street Address Line 2
 City State / Province / Region
Postal / Zip Code

Country

Secondary Contact's (Parent/Guardian)Number:

Secondary Contact's (Parent/Guardian)E-mail:

Other People In Primary Residence:

In case you or the other primary parent/guardian is unavailable who can we contact?

Emergency Contact Name:
First Last

Emergency Contact Number:

Relationship:

Secondary Emergency Contact:

First Last

Secondary Emergency Phone:

Area Code Phone Number

Relationship(2):

Full time daycare is equivalent to 24 full days within a month, part time is considered 12 days within a month.

Are you looking for full time or part time daycare?

Primary Care Physician's Name:

First Last

Primary Care Physician's Phone:

Area Code Phone Number

Dentist:

Dentist Phone:

Area Code Phone Number

Health Insurance:

Group#:

People Who Are Authorized To Pick Up My Child From Sonbeam

Name:(1)

First Last

Phone:(1)

Area Code Phone Number

Relationship (1)

Name:(2)

First Last

Phone:(2)

Area Code Phone Number

Relationship (2)

Name:(3)

First Last

Phone:(3)

Area Code Phone Number

Relationship (3)

Emergency Authorization

In the case of an emergency, the employees of Sonbeam Daycare Center have my permission to take my child by ambulance to medical care at my expense

Signature (1):

Condition of enrollment

I understand that reasonable effort will be made to accomodate my child in the existing program at Sonbeam. I also understand that it is necessary for any child enrolled to be able to meet the minimum behavior standard of being able to obey the rules of the daycare so that he/she can be kept safe and other children or staff members are not at risk of safety by their actions. I agree to these conditions.

Signature (2):

By submitting this form, I acknowledge I am a parent/legal guardian of the child being applied for and agree to all stipulations in the above form.