

Class Room: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Withdrawal Date: \_\_\_\_\_  
 Hours and Days in care: \_\_\_\_\_  
 (Office Use Only)

**SUNCREEK KIDS CHRISTIAN PRESCHOOL  
 ENROLLMENT FORM  
 SCHOOL YEAR 2017-2018**

**ENROLLMENT INFORMATION**

Child's Name	_____	_____	_____	_____
	(Last)	(First)	(Middle)	(Name Used)
Address	_____	_____	_____	_____
	(Street)	(City/State)	(Zip)	Sex
Age of Child	_____	_____	_____	_____
	Birth Date	(MO) (DAY) (YEAR)	Home Phone	_____
			Cell Phone	_____
			Email	_____
Father's Name	_____	_____	_____	
	Place of Employment		Business Phone	
Father's Drivers License #	_____			
Mother's Name	_____	_____	_____	
	Place of Employment		Business Phone	
Mother's Drivers License #	_____			
In case of an emergency if parents/guardian cannot be reached, please call:	_____	_____		_____
	Name	Telephone #	Address	
	_____	_____	_____	
	Relationship			

**CHECK ALL THAT APPLY:**

**Water Activities** I hereby:  give  do not give my consent for my child to participate in water activities.  
 sprinkler play  splashing/wading pools  water table play

Suncreek United Methodist Church Member?      YES      NO

Other church home? \_\_\_\_\_

Sibling of Suncreek Kids graduate? \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 month, and medication prescribe for long-term continuous use, and any other information that staff should know:

\_\_\_\_\_

\_\_\_\_\_

Siblings	_____	_____
Name	Birthday	School
_____	_____	_____
Name	Birthday	School
_____	_____	_____
Name	Birthday	School
_____	_____	_____
Name	Birthday	School

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone #:
Name of Hospital:	Address:	Phone #:
I give consent for this facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

**PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE APPROPRIATE RESPONSE.  
PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED FOR COMPLETION.**

- YES      NO      In the event of an emergency, I authorize the staff of Suncreek Kids to provide any first aid care deemed necessary for my child.
- YES      NO      I understand that my child will not be released from the program to anyone except his/her parents and those specifically named below, unless the Director is notified in writing.
- YES      NO      I give my permission for photographs of my child to be used in presentations, articles on education, and on the Suncreek Kids blog and website.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I hereby authorize Suncreek Kids Christian Preschool to allow my child to leave our facility **ONLY** with the following persons:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DRIVER'S LICENSE #

**\*\*\*REGISTRATION FEES ARE NON-REFUNDABLE\*\*\***

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Registration Check #:	Amount: \$	Date:	
Supply Fee Check #:	Amount: \$	Date:	
Medical Form:	Directory Form:	Parent Acknowledgement (Hndbk):	Healthy Eating Form: