

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

**SUNCREEK KIDS CHRISTIAN PRESCHOOL
 ENROLLMENT FORM
 SCHOOL YEAR 2018-2019**

ENROLLMENT INFORMATION

Child's Name			
(Last)	(First)	(Middle)	(Name Used)
Address			
(Street)	(City/State)	(Zip)	Sex
Age of Child			
Birth Date		Home Phone	
(MO) (DAY) (YEAR)		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:			Address
Name		Relationship	
Telephone #			

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: