



Preschool Application

2009-2010 School Year

Please Print Clearly

◆ Date of Application: _____

◆ Child's Name: _____	Date of Birth: _____	Age: _____
◆ Address: _____	Phone Number: _____	

Family Information:

◆ Child lives with: Father Mother Both Parents Guardian

◆ Father's Name: _____ Phone Number: _____
(Home)

Address: _____ Phone Number: _____
(Work)

E-Mail: _____ Cell Number: _____

◆ Mother's Name: _____ Phone Number: _____
(Home)

Address: _____ Phone Number: _____
(Work)

E-Mail: _____ Cell Number: _____

◆ Guardian's Name: _____ Phone Number: _____
(Home)

Address: _____ Phone Number: _____
(Work)

E-Mail: _____ Cell Number: _____

◆ Sibling Name(s) _____ Age: _____ Age: _____
and Age(s) _____

_____ Age: _____ Age: _____

Emergency Information:

◆ Family Doctor: _____ Phone: _____

◆ Family Dentist: _____ Phone: _____

◆ List of Medications, if any: _____

(Please complete other side)

◆ List of Allergies, if any: _____

◆ Contact Person if parents/guardian cannot be reached

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Getting To Know Your Child:

◆ Child's Likes: _____

◆ Child's Dislikes: _____

Getting To Know You:

◆ How did you hear about the school? _____

◆ Name of church you regularly attend: _____

◆ Would you like information about Calvary Christian Center? Yes No

Program Choice:

_____ Tuesday, Thursday (2 day)
Morning Class 9:00 - 11:30 a.m.
3 years olds (typical - do offer mixed age classes)
\$85.00 / Month
(2 yrs. 7 months by September 1st and potty trained)

_____ Monday, Wednesday, Friday (3 day)
Morning Class 9:00 - 11:30 a.m.
4 years old (typical - do offer mixed age classes)
\$120.00 / Month
(Child must be 4 by September 1st)

_____ Tuesday, Thursday (2 day)
Full Day Class 9:00 - 3:00 p.m.
3 year olds (typical - do offer mixed age classes)
\$200.00 / Month
(2 yrs. 7 months by September 1st and potty trained)

_____ Monday, Wednesday, Friday (3 day)
Full Day Class 9:00 - 3:00 p.m.
4 years old (typical - do offer mixed age classes)
\$250.00 / Month
(Child must be 4 by September 1st)

_____ Monday - Friday (5 ½ days)
Morning Class 9:00 - 11:30 a.m.
3 and 4 year olds
\$175.00 / Month
(2 yrs. 7 months by September 1st and potty trained)

◆ Looking for more or different days? 4 and 5 full day options are available.

◆ Classes will be filled on first come basis, when morning classes are full we will add afternoon classes.

◆ A non-refundable registration fee of \$30.00 is required with this application.

Parent / Guardian Signature

Date

SonShine Early Learning Center Preschool

Student Confirmation Sheet

Our records show that your child is attending:

- ___ 3 Year Old Tuesday, Thursday (2 day)
\$85.00 Morning Class 9:00 - 11:30 a.m.
- ___ 3 Year Old Tuesday, Thursday (2 day)
\$200.00 Full day Class 9:00 a.m - 3:00 p.m.
- ___ 4 Year Old Monday, Wednesday, Friday (3 day)
\$120.00 Morning Class 9:00 - 11:30 a.m.
- ___ 4 Year Old Monday, Wednesday, Friday (3 day)
\$250.00 Full day Class 9:00 a.m - 3:00 p.m.
- ___ 3 & 4 years Monday to Friday (5 ½ days)
\$175.00 Morning Class 9:00 - 11:30 a.m.
- ___ 4 Days Full day Class 9:00 a.m. - 3:00 p.m.
\$325.00
- ___ 5 Days Full day Class 9:00 a.m. - 3:00 p.m.
\$400.00

Other day options are available. Information available on request.

All tuition amounts are totals for the month. All tuition payments are due the last class day of the month. Tuition is paid one month in advance.

First payment due by August 31, 2009. Last payment due April 30, 2010.

Tuition can be paid by cash or check. If paying by check, please make check payable to Calvary Christian Center. Any returned checks will incur an additional bank fee.

Parents/Guardian Signature

Dear Parents,

The safety of our children here at Sonshine Early Learning Center is very important. Please list the names of the person(s) who are permitted to pick up your child from preschool. Please notify us by note or phone if you will not be picking your child up from school so we can check the list and ask for I.D. when the pick up person arrives. If there are any specific documents that we need on file for your child's dismissal needs please be sure to have a copy ready to be kept in their school file. Thank you for your understanding and cooperation.

Sincerely,
Brenda Rothfeldt
Sonshine E. L. C.

My child _____ has my permission to be dismissed with the following people.

(name)

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Parent's/ Guardian Signature _____