



A completed enrollment application is required before any child may be considered for admission to the Sonshine Child Development Center.

**ENROLLMENT APPLICATION (Please Print)**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Sex: **M** **F**

An up to date Department of Health Pre-School Immunization Certificate (yellow card) is required for an application to be considered complete.

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Home: (home) - \_\_\_\_\_ (cell) - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (work): \_\_\_\_\_ email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Home: (home) - \_\_\_\_\_ (cell) - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (work): \_\_\_\_\_ email: \_\_\_\_\_

Does child live with both parents? **Yes** **No** If not, who has primary custody? \_\_\_\_\_  
**(Legal documents must be on file with school)**

Please list other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is your family a member of Tri-Cities Baptist Church? **Yes** **No**

If no, what is the name of the church you regularly attend? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**\*\*Sonshine Child Development Center will not discriminate against any family or student based on race, sex, national origin, and/or special needs in any of our hiring decisions, policies, services, and/or procedures.**

**PROGRAM INFORMATION**

Has your child previously participated in a weekly preschool and/or day care program? **YES NO**

If yes, what was the name of the previous child care center? \_\_\_\_\_

Was this a positive or negative experience for him/her? *(Explain if necessary)* \_\_\_\_\_

Please explain what you would like your child to gain by coming to our program: \_\_\_\_\_

Does your child speak fluent, age appropriate English? **YES NO**

If no, what is your child's primary language? \_\_\_\_\_

Is your child potty trained? *(able to go to the potty on his/her own without prompting from an adult)* **YES NO**

Has your child been referred for testing for any special needs including, but not limited to emotional, behavior, speech and/or developmental delays? **YES NO** If yes, please explain: \_\_\_\_\_

**PARENTAL AGREEMENTS**

**Please initial each of the following statements to indicate you agree and understand Sonshine CDC's policies.**

\_\_\_\_\_ I have given a Tennessee Preschool Immunization Certificate to the SCDC administration to be placed in my child's file. I understand it must be updated each time s/he receives immunizations.

\_\_\_\_\_ I agree to have a conference with the teacher, if needed, at a date to be set by the teacher.

\_\_\_\_\_ Prior to acceptance into any 3 or 4 year old program, the administration may request an interview to evaluate the readiness of a child to transition into the more structured learning environment.

\_\_\_\_\_ I understand that no refunds are allowed for sick days, severe weather days, holidays or when the center is closed.

\_\_\_\_\_ I agree to pay \$10 per week if my tuition is not paid after the 10<sup>th</sup> of the month (unless otherwise noted in the signed tuition contract)

The application and classroom fees are non-refundable once my child is accepted and enrolled in the center, whether or not my child attends the center for any reason (including, but not limited to: You choose to withdraw your child from enrollment before or during the academic year, have a disagreement with the center and its decisions, fall into financial difficulty, your child is dismissed from the center, or for any other reason not stated). If my child is not accepted into enrollment by the discretion of the center, I understand the center will return my application fee.

The information I have provided in this application is true and complete. I understand if it is not, and my child is admitted to the SCDC, that such inaccuracy or omission is grounds for immediate dismissal.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This document is available in alternate formats upon request\**



**CHILD INFORMATION SHEET**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACTS**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of an emergency and the PARENTS cannot be reached, contact the following:**

*First Contact* Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
*Second Contact* Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
*Third Contact* Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List Child's Allergies (including food): \_\_\_\_\_

List any special needs your child may have: \_\_\_\_\_

**RELEASES**

- 1. My child may be photographed/filmed at the Sonshine CDC. \_\_\_ Yes\* \_\_\_ No
- 2. The Sonshine CDC may give my child emergency medical treatment if needed. \_\_\_ Yes\*\* \_\_\_ No

*(See reverse for more information)*



**PICK UP AUTHORIZATION**

Permission is granted for the following people to deliver and/or pick up my child, \_\_\_\_\_ (child's name), at the Sonshine Child Development Center. I release the Sonshine Child Development Center of all legal responsibilities associated with third-party releases. I also understand it is my responsibility to notify the people listed below of the pick-up procedures noted in our Parent Handbook.

- |                |  |
|----------------|--|
| 1. Name: _____ | Home Phone: _____<br>Cell Phone: _____ |
| 2. Name: _____ | Home Phone: _____<br>Cell Phone: _____ |
| 3. Name: _____ | Home Phone: _____<br>Cell Phone: _____ |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Record updated & signed by parent (once a year):*

Signature: _____	Date: _____	Director's Initials: _____
Signature: _____	Date: _____	Director's Initials: _____
Signature: _____	Date: _____	Director's Initials: _____
Signature: _____	Date: _____	Director's Initials: _____

**\* I waive any and all rights to claim** for payment or royalties in connection with any exhibition, television, or other showing of television image, tape recording, and motion or still picture films, regardless of whether such exhibition or showing is philanthropic, educational, commercial, Institutional, or private sponsorship, and irrespective of whether a fee is charged.

**\*\* I agree to accept responsibility** for expenses incurred for medical care required by my child. I further agree that the administration and staff of the Sonshine Child Development Center at Tri-Cities Baptist Church will not be held legally or financially responsible for any accidents, injuries, or sickness which may occur during the operating hours of the Center, including those due to transportation or school related activities.

Director use only: Enrollment date: \_\_\_/\_\_\_/\_\_\_ Acceptance date: \_\_\_/\_\_\_/\_\_\_ Withdrawal date: \_\_\_/\_\_\_/\_\_\_

## Developmental Health History

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

### Physical/Developmental Health

Does your child exhibit behaviors that may concern you? (ex- problems walking, talking, hearing, seeing, interacting with others) If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please list any allergies your child may have (including food and medication):

\_\_\_\_\_

\_\_\_\_\_

Does your child have a serious illness or history of illness or hospitalization of which we should be informed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

- asthma       cerebral palsy       developmental delay  
 diabetes       frequent earaches       hemophilia  
 seizure disorder       other (please explain \_\_\_\_\_)

Please list any special needs your child may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child currently take medication on a regular basis? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

How does your child react to fever?

\_\_\_\_\_



Special instructions if child becomes ill: \_\_\_\_\_

Please check if your child has had any of the following communicable diseases:

Measles_____	Rheumatic Fever_____
Mumps_____	Severe Diarrhea_____
Chicken Pox_____	Scarlet Fever_____
Whooping Cough_____	Bronchitis_____
Pneumonia _____	Diphtheria_____
Yellow Jaundice _____	Meningitis_____
Poliomyelitis_____	Tuberculosis_____
Encephalitis_____	Other_____

Does your child have history of colic? \_\_\_\_\_ Is your child's skin highly sensitive? \_\_\_\_\_

**Daily Living** (please mark N/A if the question does not apply to your child)

How does your child indicate bathroom needs? \_\_\_\_\_

Is your child potty trained? Please list any special bathroom instructions. \_\_\_\_\_

Does your child have frequent diaper rash? \_\_\_\_\_ How do you treat it? \_\_\_\_\_

Does your child use special words for body parts? \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

What is your child's typical eating pattern? \_\_\_\_\_

Is your child usually hungry at mealtimes? \_\_\_\_\_

Does your child have any special feeding needs? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Least favorite foods? \_\_\_\_\_

What is your child's regular sleeping pattern?

Awakes at \_\_\_\_\_ Naps at \_\_\_\_\_ Goes to bed at \_\_\_\_\_



What is the typical length of your child's naptime? \_\_\_\_\_

**Social Relationships/Play**

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

What is the best way to discipline your child? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_

Is there anything you would like to tell us about your values, beliefs, or cultural and childrearing practices?

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Please list any other comments, concerns, or special instructions the staff of the Sunshine CDC need to know about in order to best serve your child.

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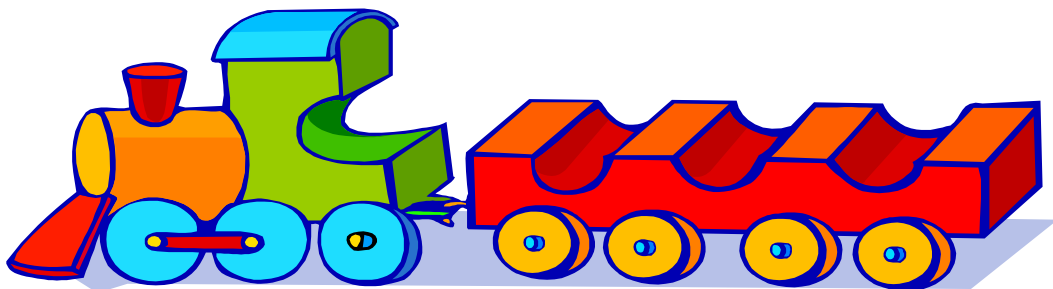
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Parent(s) signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Tuition Payment Agreement

Sonshine Child Development Center assesses tuition charges each month and, per our parent handbook, the tuition fees are due by the 10<sup>th</sup> of the month. It is important to review your tuition statement each month so you are aware of the charges you are responsible for paying. Our late fee policy states that you will be charged \$10/week until the bill is paid in full and that your child may not return to our care until the bill is paid. If your account remains unpaid for more than 30 days, your child will be terminated from our program.

Please note... we are more than willing to make exceptions to this policy; however we must have, in writing, the dates we will receive payment.

Below is a contract each family must complete so we will know when to expect your payments. We will use this contract to enforce our payment policy and assess any late fees as necessary.

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### ***Please complete the following information...***

Child's name: \_\_\_\_\_ Parent(s) name: \_\_\_\_\_

- I will pay my child's tuition in full by the 10<sup>th</sup> of each month
  - I will pay part of my child's tuition by the 15<sup>th</sup> and the full amount by the 31<sup>st</sup> of each month.
  - I will pay a portion of my child's tuition each week and the full amount by the 31<sup>st</sup> of each month.
  - Other (please explain)
- 

### ***Please sign the statement below...***

*I understand that if this payment agreement is not followed I will be charged a late fee of \$10/week until the agreement is met and my child will not be allowed to return to school until that agreement is met.*

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Parent Signature



## FEE AND TERMINATION AGREEMENT

Child's Name \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ SSN (of person responsible for tuition): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) - \_\_\_\_\_ (cell) - \_\_\_\_\_ (work) - \_\_\_\_\_

Fees are \$137 per week for our infant rooms and \$127 per week for our toddler-preschool rooms. Tuition is due by the 10th of the month (unless otherwise noted on Tuition Contract) and bills are calculated based on the number of operating days for the center for that month, whether the child is in attendance or not. The only exception to this rule will be the five day vacation (must be 5 consecutive days) families may take each year and during this time tuition fees will not be assessed. If tuition is not paid by the 10th of the month, your child may not return to the CDC until it is paid in full. An additional \$10 late fee will also be assessed for each week the tuition is not paid.

**Termination Agreement:** Parents are requested to notify the Program Coordinator, in writing, no less than two weeks in advance of the date the child will no longer attend Sunshine CDC. Parents will be required to pay for two weeks from the date the termination letter is received.

## AGREEMENT TO POLICIES

***I have received a copy of the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Centers.***

***I have read the Operating Policies and Procedures of the Sunshine Child Development Center at Tri-Cities Baptist Church and I understand and agree to the contents.***

\_\_\_\_\_  
Parent's signature & date

\_\_\_\_\_  
Coordinator's initials & date