



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**

Please indicate preference: **Monday/Wednesday** or **Tuesday/Thursday**

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 10th 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 Sunshine 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: _____
	Cell Phone: _____
2. Name: _____	Home Phone: _____
	Cell Phone: _____
3. Name: _____	Home Phone: _____
	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: / / .



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 \$148 per month. Tuition is due by the 10th of each month. Additionally, a \$10 late fee will be assessed for each week the tuition is not paid.

In addition, a \$55 classroom fee per child is due at the beginning of the fall and spring semesters (August and January), and a \$30 classroom fee is due at the beginning of the summer semester (June).

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 Sonshine CDC. Parents will be required to pay for two weeks from the date the termination letter is received.

AGREEMENT TO POLICIES

I have read the Operating Policies and Procedures (Parent Handbook) of the Sonshine Child Development Center's Half-Time Program at Tri-Cities Baptist Church and I understand and agree to the contents.

Parent's signature & date

Coordinator's initials & 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?

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.

Parent(s) signature: _____

Date: _____





Car Line Release Form

Child(ren)'s Name _____

- The car line is a service provided by “HT” to assist parents during drop-off hours only.
- The car line will only be open from 9-9:15am only.
- No “verbal messages” are to be passed along from the employee receiving your child to your child’s teacher. You must have any notes in written form with child’s name on it. All messages will be delivered when the car line is over at 9:15am. Otherwise, you must walk in to talk to the teacher.
- All children should exit his/her car on the passenger side (sidewalk side); even if you have more than one child.
- Move as quickly as possible while still using caution.
- The Car Line drop off location is the downstairs visitors’ entrance.

I agree to the above mentioned policies and expectations regarding the “car line” provided by “Half-Time”. I am using this service on my own free will and understand it is not required to use. I release Tri-Cities Baptist Church and “Half-Time” of all liability while using this service.

Signed _____ Date _____

Relationship to child _____