

Sunbeam Children's Center – Preschool Program 2020-2021 Application for Enrollment



- **\$100.00 non-refundable registration/supply/activity fee is due at time of registration. Make checks payable to MSTUMC**

Child's Full Name _____
Last
First
Middle

Name you would like us to call your child _____

Date of Birth ____/____/____ Male____ Female ____

Indicate class you are enrolling your child in:

- 2-3 Year-Old Class-must be 2 to 3 years old by Sept. 30, 2020 (Classes begin at 9:15 am and end at 12:15 pm)
 _____ 3-Day Class (Monday, Wednesday, Friday)
- 3 Year-Old Class-must be 3 years old by Sept. 30, 2020 (Classes begin at 9:15 am and end at 12:15 pm)
 _____ 3-Day Class (Monday, Wednesday, Friday)
 _____ 5-Day Class (Monday-Friday)
- 4 Year-Old Class-must be 4 years old by Sept. 30, 2020 (Classes begin at 9:15 am and end at 12:15 pm)
 _____ 3-Day Class (Monday, Wednesday, Friday)
 _____ 5-Day Class (Monday-Friday)

Parents/Guardians

Contact Information

<p>Mr/Mrs/Ms _____ Home Address _____ City/Zip _____ Relationship to Student _____ Lives with child? Yes ____ No ____ Employer/Occupation _____</p> <p>Mr/Mrs/Ms _____ Home Address _____ City/Zip _____ Relationship to Student _____ Lives with child? Yes ____ No ____ Employer/Occupation _____</p>	<p>Primary Contact Name _____ Primary Contact Phone _____ Home____ Work____ Cell____ Secondary Contact Name _____ Secondary Contact Phone _____ Home____ Work____ Cell____ Other Contact Name _____ Other Contact Phone _____ Home____ Work____ Cell____ Primary Home Contact Number _____ Primary Email _____</p>
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Person(s) responsible for paying tuition: _____

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Non-Guardian Adults Authorized to Pick Up Child

Please list below, in order of contact preference, any adults authorized to pick up your child. (You must include at least 2 local persons to call in event of an illness, accident, late pick up, or other emergency.) **Sunbeam Children's Center will only release your child to persons listed below or to persons whom we have received verbal or written permission from a parent/guardian.** A valid photo ID will be required at the time of pick up.

1.) Mr/Mrs/Ms _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes ___ No ___ Other Phone _____

2.) Mr/Mrs/Ms _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes ___ No ___ Other Phone _____

3.) Mr/Mrs/Ms _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes ___ No ___ Other Phone _____

Medical Information

Name of child's physician or clinic _____

Address of physician or clinic _____ Phone _____

Name of medical insurance _____

Date when child was last examined by a physician _____

Special physical conditions/allergies we should be aware of _____

Other Information

Has your child ever been in preschool before? Yes ___ No ___ If yes, where? _____

Is English a second language in your home? Yes ___ No ___ If yes, primary language? _____

Church membership or religious preference? _____

How did you find out about our program? _____

Name and age of siblings _____

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Consent to Medical Care and Treatment of Minor Child

I, _____ (name of natural parent or legal guardian), hereby give permission that my child _____ (name), may be given emergency treatment, to include first aid and CPR by a qualified staff member of Sunbeam Children's Center. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and said center shall not be responsible for them.

Signature of Parent/Guardian _____ **Date** _____

Photograph Release

I release Sunbeam Children's Center to photograph my child while participating in daily activities. The photographs will only be used for school/church related displays.

Signature of Parent/Guardian _____ **Date** _____

****OFFICE USE ONLY:** Registration Fee Paid _____ PAF _____ BC _____ VHF _____ Photo Release _____ Nut Form _____ Date Received Application _____

For Office Use Only

Registration Fee Pd _____ PAF _____ BC _____ VHF _____ Photo Release _____ Nut Form _____

Teacher _____ Room# _____ Date Entered in Database _____