

# Sunbeam Children's Center – Preschool Program 2021-2022 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, 2021 (Classes begin at 9:15 am and end at 12:15 pm)  
 \_\_\_\_\_ 3-Day Class (Monday, Wednesday, Friday) - \$255.00 per month
- 3 Year-Old Class-must be 3 years old by Sept. 30, 2021 (Classes begin at 9:15 am and end at 12:15 pm)  
 \_\_\_\_\_ 3-Day Class (Monday, Wednesday, Friday) - \$255.00 per month  
 \_\_\_\_\_ 5-Day Class (Monday-Friday) - \$295.00 per month
- 4 Year-Old Class-must be 4 years old by Sept. 30, 2021 (Classes begin at 9:15 am and end at 12:15 pm)  
 \_\_\_\_\_ 3-Day Class (Monday, Wednesday, Friday) - \$255.00 per month  
 \_\_\_\_\_ 5-Day Class (Monday-Friday) - \$295.00 per month

**Parents/Guardians**

**Contact Information**

|  |  |
|--|--|
| Mr./Mrs./Ms. _____<br>Home Address _____<br>City/Zip _____<br>Relationship to Student _____<br>Lives with child? Yes ____ No ____<br>Employer/Occupation _____<br><br>Mr./Mrs./Ms. _____<br>Home Address _____<br>City/Zip _____<br>Relationship to Student _____<br>Lives with child? Yes ____ No ____<br>Employer/Occupation _____ | Primary Contact Name _____<br>Primary Contact Phone _____<br>Home____ Work____ Cell____<br>Secondary Contact Name _____<br>Secondary Contact Phone _____<br>Home____ Work____ Cell____<br>Other Contact Name _____<br>Other Contact Phone _____<br>Home____ Work____ Cell____<br>Primary Home Contact Number _____<br><br>Primary Email _____<br>_____ |
|--|--|

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 \_\_\_\_\_

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**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 \_\_\_\_\_