

Sunbeam Children's Center - Kindergarten Registration  
2024-2025 Application for Enrollment



\* \$100.00 non-refundable registration/supply/activity fee is due at time of registration. We do not accept personal checks.

Child's Full Name \_\_\_\_\_  
Last First Middle

Name you would like us to call your child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

**Days of Enrollment**

\_\_\_ 5 days – Monday-Friday

\_\_\_ 3 days – Monday Wednesday Friday

**Parents/Guardians**

**Contact Information**

Mr./Mrs./MS _____
Home Address _____
City/Zip _____
Relationship to Student _____
Lives with child? Yes ____ No ____
Employer/Occupation _____
Employer Address _____
Mr./Mrs./MS _____
Home Address _____
City/Zip _____
Relationship to Student _____
Lives with child? Yes ____ No ____
Employer/Occupation _____
Employer Address _____

Primary Contact Name _____
Primary Phone _____
Work Phone _____
Secondary Contact Name _____
Secondary Primary Phone _____
Secondary Work Phone _____
Emergency Contact Name _____
Emergency Contact Address _____
Emergency Contact Phone Number _____
Emergency Contact Address _____
Primary Contact Email _____

Person(s) responsible for paying tuition: \_\_\_\_\_

**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 another 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 \_\_\_\_\_  
Address \_\_\_\_\_

Pick up in emergency? Yes \_\_\_\_ No \_\_\_\_ Other Phone \_\_\_\_\_

2.) Mr./Mrs./MS \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

Pick up in emergency? Yes \_\_\_\_ No \_\_\_\_ Other Phone \_\_\_\_\_

3.) Mr./Mrs./MS \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

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Pick up in emergency? Yes\_\_\_\_ No\_\_\_\_

Other Phone\_\_\_\_\_

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**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**

Is English a second language in your home? Yes\_\_\_\_ No\_\_\_\_ If yes, primary language? \_\_\_\_\_

Names/ages of other children in the home \_\_\_\_\_

Church membership or religious preference? \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

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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\_\_\_\_\_

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**\*\*OFFICE USE ONLY:** Registration Fee Paid \_\_\_\_\_ PAF \_\_\_\_\_ BC \_\_\_\_\_ VHF \_\_\_\_\_ Nut Form \_\_\_\_\_ Photo Release \_\_\_\_\_ Medication Form \_\_\_\_\_

Earliest Drop Off Time \_\_\_\_\_ Latest Pick-Up Time \_\_\_\_\_