

Sunbeam Children's Center 2025-2026 Kindergarten Registration Form



* \$125.00 non-refundable one time registration fee is due at time of registration. \$125.00 annual activity fee is due annually. 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

Parents/Guardians

Contact Information

Mr./Mrs./MS _____ Home Address _____ City/Zip _____ Relationship to Student _____ Employer/Occupation _____ Employer Address _____	Primary Contact Name _____ Primary Phone _____ Work Phone _____ Secondary Contact Name _____ Secondary Primary Phone _____ Secondary Work Phone _____
Mr./Mrs./MS _____ Home Address _____ City/Zip _____ Relationship to Student _____ Employer/Occupation _____ Employer Address _____	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 two 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 _____

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? _____

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 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 cannot reach that physician,. 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 ___ Nut Form ___ Photo Release ___ Medication Form _____

Earliest Drop off Time _____ Latest Pick-Up Time _____