Sunbeam Children's Center - Kindergarten Program 2021-2022 Application for Enrollment

Pick up in emergency? Yes____ No____



* \$100.00 non-refundable registration/supply/activity fee	is due at time of registi	ration. Please make checks
payable to MSTUMC		
Child's Full Name		
Last Name you would like us to call your child	First	Middle
Date of Birth/ Male Fe	male	
Days of Enrollment		
5 days – Monday-Friday – 9:00-3:30		
3 days – Monday Tuesday Wednesday Thursd	dav Fridav	
Before Care 6:30-9:00 AM After Care 3:30-6::	•	
Parents/Guardians	Contact Infor	mation
Mr./Mrs./MS	•	ct Name
Home Address		ct Phone
City/Zip		Work Cell
Relationship to Student		ntact Name
Lives with child? Yes No		itact Phone
Employer/Occupation		Work Cell
	Other Contact	Name
Mr./Mrs./MS	Other Contact	Phone
Home Address	Home _.	Work Cell
City/Zip	B	Control North or
Relationship to Student	Primary Home	Contact Number
Lives with child? Yes No	Primary Email	
Employer/Occupation	'	
Person(s) responsible for paying tuition:		
Nico Cuandian Adulta Authorized to Dielell	In Child	
Non-Guardian Adults Authorized to Pick U		
Please list below, in order of contact preference, any a		
local persons to call in event of an illness, accident, late	•	- , .
only release your child to persons listed below or to p from a parent/guardian. A valid photo ID will be requi		-
	•	·
1.) Mr./Mrs./MS		me Phone
Relationship to Student		
Pick up in emergency? Yes No		ne
2.) Mr./Mrs./MS		ne
Relationship to Student	Cell Phone	
Pick up in emergency? Yes No	Other Phor	ne
3.) Mr./Mrs./MS	Home Pho	ne
Relationship to Student		

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		
Is English a second language in your home? Yes No If y	ves, 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 C	<u>Child</u>	
I,(name of natural pathat my child(name of sunbeam Chirst aid and CPR by a qualified staff member of Sunbeam Chimedical, surgical, and hospital care, treatment, and procedu regular physician, or when that physician cannot be reached immediately necessary or advisable by the physician to safegure such a case, I waive my right of informed consent to such treatment.	e), may be given emergency treatment, to include ildren's Center. I further authorize and consent to res to be performed for my child by my child's , by a licensed physician or hospital when deemed guard my child's health if I cannot be contacted. In	
I also give permission for my child to be transported by ambigurther authorize said center to take my child to a hospital, a bills, and said center shall not be responsible for them.	<u> </u>	
Signature of Parent/Guardian	Date	
Photograph Release		
I release Sunbeam Children's Center to photograph my child photographs will only be used for school/church related disp		
Signature of Parent/Guardian	Date	
**OFFICE USE ONLY: Registration Fee Paid PAF BC VHF Photo Re	lease Nut Form Date Received Application	