



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

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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 \_\_\_\_\_

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