

SONSHINE PRESCHOOL  
2730 South Ironwood Dr.  
South Bend, IN 46614  
Phone (574) 289-9269  
Email: [mj.lemler@drcc.net](mailto:mj.lemler@drcc.net)

## ENROLLMENT FORM

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother: \_\_\_\_\_ cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Father: \_\_\_\_\_ cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Please check which class you would like to enroll your child in.

\_\_\_\_\_ **3 year old** – Class meets on **Tuesday and Thursday**, 9am – 11:45am. Tuition is \$900 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$100. \*Registration fee - \$50

\_\_\_\_\_ **Pre-K Option 1** – (age 4) **Class meets on Monday, Wednesday and Friday**, 9am – 12. Tuition is \$1,350 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$150. \*Registration fee - \$50

\_\_\_\_\_ **Pre-K Option 2** – (age 4 or 5) **Class meets daily, Monday - Friday**, 9am – 12. Tuition is \$1800 for the school year. (September – May) Tuition may be divided into 9 monthly payments of \$200. \*Registration fee - \$50

\*Registration fee is non-refundable

### PHOTO RELEASE

Photos would only be used at preschool, on our facebook page, or on our website.

Your child's name will not be listed on photos. Please check one and sign below:

\_\_\_\_\_ Yes - You may use my child's photo.

\_\_\_\_\_ No - You may not use my child's photo.

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Parent or Guardian Signature

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Date

## PERSONAL HISTORY

Names and ages of other children in the home: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Are there any factors in your child's life we should be aware of? (absence of parent, adoption, illness, new baby etc.)  
\_\_\_\_\_

Is English the primary language spoken in the home? YES  NO  if not, what language? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Does your child go to church? Yes  No  Name of church: \_\_\_\_\_

## PICK-UP AUTHORIZATION

### PERSONS AUTHORIZED TO PICK UP CHILD

Name	Relation to child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Your child will not be released to anyone not known to the school without authorization from the parent or guardian.

**NOTE:** It is legal for either parent to pick up a child unless the school is provided with a copy of a court order restricting visitation.

## MEDICAL INFORMATION

We will need a copy of your child's immunization record.

PHYSICIAN/GROUP NAME \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SPECIAL CONCERN/NEEDS: \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT:

NAME	PHONE	RELATION TO CHILD
_____	_____	_____