

Sonshine Christian Preschool and Daycare

A Child Care Ministry of the
New Point Christian Church
P.O. Box 180
New Point, IN 47263
812-663-9375

When completed please send this application along with your registration fee to
Sonshine Christian Preschool/Daycare
c/o New Point Christian Church
P.O. Box 180
New Point, In 47263

Application for Admission

Today's Date ____/____/____

PLEASE PRINT

Student's Full Name: _____ Male ___ Female ___

Name to be called/spelled at school _____ Date of Birth ____/____/____
day mo. Yr

1. Does your child have any behaviors or habits that our staff should know about or that your child may need help in overcoming? Yes ___ No ___

Please explain in detail _____

2. Are there any allergies, or health concerns that we should know about your child? Yes ___ No ___

Please explain _____

3. Is there a special diet for your child or are there any foods or drinks that your child should not have?

Yes ___ No ___ Please explain _____

4. Has your child had any serious accidents or operations? _____

5. Is your child on any medication? Yes ___ No ___ Please list _____

6. Does your child have any specific fears? _____

7. Are there any physical or emotional needs that our Preschool staff should be aware of? _____

8. Does your child accept correction easily? Yes ___ No ___

9. What type of discipline works best for your child? _____

10. Has your child ever attended a preschool or daycare before? Yes ___ No ___

Where _____ For how long? _____

11. Is your child basically right handed ___ left handed ___ not sure _____

Is there a certain hand you would like your child to write with? If yes, which hand? _____

12. What do you hope to be included in your child's Preschool program? _____

13. Are you interested in **AM or before school** care for your child? Yes ___ No ___

14. Are you interested in **PM or after school** care for your child? Yes ___ No ___

15. Are you interested in **full-time care** for your child? Yes ___ No ___

16. Are you interested in **Preschool Classes** (ages 3-5) for your child? Yes ___ No ___

Please explain in detail the services you are requesting. _____

17. What elementary school will/does your child attend? _____

Family Information

Circle one

Father or Guardian _____ Lives with child? Yes ___ No ___

Address _____

Home Phone _____ Cell Phone _____ e-mail _____

(Would you like to receive announcements or information via your e-mail address?) Yes ___ No ___

Occupation _____ Employer _____

Employer Address _____ Phone _____

Circle one

Mother or Guardian _____ Lives with child? Yes ___ No ___

Address _____

Home Phone _____ Cell Phone _____ e-mail _____

(Would you like to receive announcements or information via your e-mail address?) Yes ___ No ___

Occupation _____ Employer _____

Employer Address _____ Phone _____

In the case of separated or divorced parents, our Preschool/Daycare requires one parent/guardian to assume responsibility for the child. Please state which parent needs to be the main contact.

If there are siblings in the family, please state their names and ages. _____

I give my consent for my child's photograph to be taken in relation to the daycare or preschool and displayed in public places for publicity purposes.

Signature of Parent or Guardian: _____ Todays date ___/___/___