Preschool Enrollment Form
2026- 2027 School Year

Office use:
___ Reg Fee _____
___ Supply Fee _____
___ BW
___ SS
___ Car Tag#_____

This contract has been made between the parent/legal guardian and SonLight Preschool.

Date submitted _____ **Date for child to Start** _____

Child's Legal Name _____ **Birth Date**_____/_____/20_____ **Gender** _____

Child's Nickname _____ **Household Phone #** _____

Household Address _____ **City**_____ **Zip** _____

LEGAL Parents/Guardians Living in the same Household as Child (Child's Primary Household)

Legal Name _____
Relationship to Child _____
Cell phone (_____)_____ Work phone(_____)_____
Email _____
Place of Employment _____

Legal Name _____
Relationship to Child _____
Cell phone (_____)_____ Work phone(_____)_____
Email _____
Place of Employment _____

LEGAL Parent/Guardian Living at a Different Address from Child

Legal Name _____
Relationship to Child _____
Does this parent/guardian have joint custody? _____
Address _____
City _____State _____Zip _____
Cell phone (_____)_____ Work phone(_____)_____
Email _____
Place of Employment _____
Is there a court order restricting this person access to this student?
No ____ Yes ____ (A copy of the court order MUST be provided.)

Legal Name _____
Relationship to Child _____
Does this parent/guardian have joint custody? _____
Address _____
City _____State _____Zip _____
Cell phone (_____)_____ Work phone(_____)_____
Email _____
Place of Employment _____
Is there a court order restricting this person access to this student?
No ____ Yes ____ (A copy of the court order MUST be provided.)

Number of days you would like your child to attend PRESCHOOL (please circle one): 2 3 4 5

Please circle the **DAYS YOU WOULD LIKE** your child to attend our PRESCHOOL PROGRAM from 9:15 AM-1:15 PM.

Monday Tuesday Wednesday Thursday Friday

Are you flexible on which days the attend? Yes No

Fees for the school year are $100 registration (and must be turned in before registration will be considered) and $50 Supply Fee due on the first day. Fees can be paid with cash, check, or money order.

******FEES ARE NON-REFUNDABLE and NON-TRANSFERABLE******

********************IF YOUR CHILD NEEDS EXTENDED CARE, PLEASE FILL OUT THE INFORMATION BELOW. ********************

Number of days you would like your child to attend BEFORE CARE (please circle one): 1 2 3 4 5

Please circle the **DAYS YOU WOULD LIKE** your child to attend BEFORE CARE 7:30 AM-9:15 AM.

Monday Tuesday Wednesday Thursday Friday

Number of days you would like your child to attend AFTER CARE (please circle one): 1 2 3 4 5

Please circle the **DAYS YOU WOULD LIKE** your child to attend AFTER CARE 1:15 PM-4:30 PM.

Monday Tuesday Wednesday Thursday Friday

This form is to be completed and signed by the child's parent or legal guardian.

Name of Child_____ Birth Date_____/_____/202_____

In the event the child named above is injured or ill, **I understand that SonLight Preschool will attempt to contact the legal guardian/parents first**. If we are not available, I give permission to SonLight Preschool to provide first aid to the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging transportation to my hospital of choice listed here.

MEDICAL INFORMATION/PHYSICIAN

Hospital of Choice _____Hospital Phone Number _____ City _____ State ____

Insurance/Hospitalization Company _____ Policy/Card # _____

Primary Care Doctor's Name _____ Phone (_____)_____
MUST BE A DOCTOR'S NAME *NOT* THE NAME OF THE PRACTICE

Dentist Name _____ Phone (_____)_____

Known Allergies _____

Medical Conditions _____

Does your child have any physical disabilities? No _____ Yes _____

Other _____

EMERGENCY CONTACTS (not the PARENTS) & AUTHORIZED PICK-UPS

Please list someone we can contact IF we cannot reach you. This should be someone that lives within a reasonable distance.

Do not list parent/guardians.

Legal parents/guardians **will ALWAYS** be called first. Place a checkmark in the blank if they have permission to pick up your child.

Name _____ Relation _____ Phone (_____)_____ Pick-Up _____

Name _____ Relation _____ Phone (_____)_____ Pick-Up _____

Name _____ Relation _____ Phone (_____)_____ Pick-Up _____

Name _____ Relation _____ Phone (_____)_____ Pick-Up _____

I hereby state that the information contained on all three pages of this form is accurate to the best of my knowledge. I agree to abide by the terms and conditions of this application, and I understand that false information may be grounds for denying this application or changing future status.

I agree to the terms of this contract.

_____
Parent/Legal Guardian Name Printed

_____ _____
Parent/Legal Guardian Signature Date

SonLight Preschool's first commitment is to the rights and interests of all children. We do not discriminate on the basis of race, color, national origin, sex, disability, or age in our programs or activities and provides equal access to all.

Student Name _____ Class Name _____

SonLight Preschool will open on the Tuesday after Labor Day and end before Memorial Day. We will be closed on Election Day, Wednesday through Friday of Thanksgiving week, two weeks at Christmas, Good Friday, and one week for Spring Break. **Fees are divided into nine equal monthly payments for the year.**

Please initial each item and sign below:

_____ I give permission to allow a **class pet** in my child's classroom and at SonLight.

_____ I give permission for my child to "go on a field trip" from their classroom to other parts of the EBC property. (playground, gym, chapel, etc.)

_____ I will give a **two-week written notice** if I choose **to leave the program** for any reason.

_____ I understand SonLight Preschool will give a two-week written notice if this contract is cancelled; however, immediate termination may result due to nonpayment of fees.

_____ I understand that **pick up time is 1:15 p.m.** (Unless signed up for the aftercare program.)

*SonLight Preschool loves to take pictures of our wonderful children. Our pictures are used in the classroom, on hallway bulletin boards, and SonLight's **PRIVATE** Facebook group page and website. Our program will notify you if your child's picture has been taken for a newspaper.*

I give permission for SonLight Preschool to take pictures of my child to be used:

_____ **in the classroom and hallway bulletin boards**.

_____ on the **private group Facebook page**. (We do not put names on this site.)

_____ on the **SonLight website**. (We do not put names on this site.)

It is helpful to know a little about your child. Please complete the following.

How old is your child? _____ **Is your child potty trained? Yes No Currently Potty Training**

What is **the language most frequently spoken at home**? _____

Does your child have any siblings? _____ **What are their names and ages?** _____

_____

Has your child attended Preschool in the past? _____ **If so, where?** _____

Tell us a little about your child's **likes and dislikes**. _____

_____

_____

Is there **anything else** you feel we should know? _____

_____

_____

_____

_____

_____