

Sonflower Preschool Registration Form

\$75 Registration Fee made to Sonflower Preschool must accompany form

Age Registering for (must be that age by Sept. 1) 2's _____ 3's _____ 4's _____

Class or Teacher Request (if desired) _____

Child's Name _____ Nickname _____

M ___ F ___ Birthdate _____ Is English their first language? Y ___ N ___

If no, what language? _____ How did you hear about our preschool?

Please list name so we can thank them _____

Parents Names _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parents email address _____

Home Phone # _____ Mom's Cell # _____

Dad's Cell # _____ work phone# _____

Church Affiliation _____

Does your religion celebrate holidays? Y ___ N ___

Has your child attended any previous day cares or preschools? Y ___ N ___

If yes, please list names _____

Has your child ever been asked to leave a day care or preschool? Y ___ N ___

If yes, why? _____

Does your child have other family members who have attended or attend

Sonflower Preschool? Please list: _____

Has your child been evaluated by the Babies Can't Wait program or at the Buice

Center? Y ___ N ___ If yes, why and what recommendations were made?

Does your child have any allergies or a medical condition that we need to be

made aware of? Please explain _____

Parents Signature and Date _____