

Sunflower Preschool Registration Form

Age registering for (must be that age by Sept. 1) _____

Teacher Preference _____

Child's Given Name _____

Name Preferred _____ Male _____ Female _____

Birthdate _____ Church Affiliation _____

Parents Names _____

Parents email address _____

Parents mailing address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Mom Cell _____ Dad Cell _____

List any previous preschools attended _____

Has your child been asked to leave a preschool program? If yes, then why. _____

Has your child been evaluated by Babies Can't Wait? _____

Did they recommend therapy for your child? If yes, then what kind. _____

Name and number of your child's pediatrician _____

Does your child have allergies? _____ If yes, then list all allergies _____

Does your child have any other medical issues that we need to know about _____

Is English your child's first language? _____ If no, what language does your child speak? _____

Please sign to verify that all the above information is correct.

Signature and Date *Must attach a \$75 registration fee