



**Sonflower Preschool**  
1135 Chatham Road, Buford, GA 30518  
770-945-0225 Email: sonflowerdtr@bufordcoc.com  
www.bufordcoc.com  
Director: Connie Burnette

**PRECHOOL REGISTRATION FORM**

**\$150 non-refundable registration fee must accompany this form**

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ . School Year applying for: \_\_\_\_\_/\_\_\_\_\_

Class (child must be this age by September 1st) \_\_\_\_\_ 2's(T,W,Th) \_\_\_\_\_ 3's(T,W,Th) \_\_\_\_\_ 4's(T,W,Th,F)

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name to be embroidered on backpack \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Is English the child's first language? Y \_\_\_\_\_ N \_\_\_\_\_ If no, what language is primarily spoken? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Child lives with? \_\_\_Mother \_\_\_Father \_\_\_Both Parents \_\_\_Other (name/relationship) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mom's Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Does your family celebrate religious holidays? Y \_\_\_\_\_ N \_\_\_\_\_ Explain \_\_\_\_\_

Has your child attended any other daycare or preschool? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, which one(s)? \_\_\_\_\_

Has your child ever been asked to leave a daycare or preschool? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, why? \_\_\_\_\_

List other family members who have or currently attend Sonflower Preschool \_\_\_\_\_

Has your child been evaluated by Babies Can't Wait or any other special needs program? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, what recommendations were made? \_\_\_\_\_

Does your child have any behavioral concerns we should know about? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical concerns we should know about? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any severe allergies? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, please list allergies and include an action plan \_\_\_\_\_

Is there anything you would like the Preschool to consider regarding your child's registration?

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I (We) certify that the information on all portions of this application is true and correct to the best of my (our) knowledge. I also understand that this registration form and payment of the non-refundable registration fee will hold a spot for my child only for the school year listed on front of this form. While requests for specific classes, friends, or teachers will be considered in determining class lists, these requests cannot be guaranteed.

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY

Date Received \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Scholarship \$ \_\_\_\_\_