

# ROCHESTER HILLS CHRISTIAN SCHOOL

## SONSHINE ACADEMY ENROLLMENT FORM

STAFF USE: Reg. Fee _____ Book Fee _____ Supply fee _____ Deposit _____
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**Class Enrolling For: K3    K4 (Extended Care)    K5 (Extended Care)**

**Days to Attend: M T W TH F    A.M. P.M.** (Circle all that apply) **Date Enrolled** \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Person/Relationship \_\_\_\_\_

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**PARENT OR GUARDIAN INFORMATION:**

	<u>FATHER</u>	<u>MOTHER</u>
Name	_____	_____
Driver's License	_____	_____
Employer	_____	_____
Work Number	_____	_____

Church Affiliation: \_\_\_\_\_ Members? \_\_\_\_\_

Explain why you wish your child to attend our school: \_\_\_\_\_

Approximate Times Care is Needed \_\_\_\_\_ to \_\_\_\_\_

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I agree to accept all regulations of the school on behalf of the applicant. I authorize Rochester Hills Christian School to employ discipline as seems wise and expedient as outlined in the handbook. I give permission for my child to partake in school activities or field trips and absolve Rochester Hills Christian School from all liability to myself or child at the school during school activities or on field trips. I agree to have all payments in to the center by the first day of every week my child is scheduled to attend. I understand that Sonshine Academy does not allow for "sick" or "vacation" days and that the only way my child's position can be held is by making my weekly payments on the day required. I understand that if my child does not adapt well in Sonshine Academy or if I default in my weekly payments I will be asked to withdraw him.

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

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Please make any additional comments concerning care for this child: \_\_\_\_\_

Signature of Center Director: \_\_\_\_\_ Date: \_\_\_\_\_