

SONSHINE ACADEMY & WEE CARE ENROLLMENT FORM

STAFF USE:
Reg. Fee _____
Book Fee _____
Supply fee _____
Deposit _____

Class Enrolling For: **Infants/Toddlers** **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** _____

My child does does not nap (Please note there is **not** a nap time for Extended Care AM students.)

Full Name of Student _____ Birthdate _____ Sex _____

Home Address _____ City _____ Zip _____

Telephone _____ Emergency Phone _____ Person/Relationship _____

Best email address to use during the day for notifications: _____

Allergies: _____

How did you find out about our center? _____

PARENT OR GUARDIAN INFORMATION: (Please fill out all lines.)

FATHER

MOTHER

Name _____

Driver's License _____

Employer _____

Work Number _____

Church Affiliation: _____

Explain why you wish your child to attend our center. _____

Approximate Times Care is Needed _____ to _____

Please make any additional comments concerning care for this child:



WAIVER

We, I, the parent(s) of _____ do hereby allow Rochester Hills Baptist Church, a Michigan non-profit organization, to photograph the above mentioned child in or about the church premises and during the course of school activities either on or away from campus to be used in conjunction with Sonshine Academys catalog, yearbook, other publications or circumstances resulting in public viewing of said photograph.

We, I, expressly waive any and all rights to compensation and/or royalties, etc. for the use of said photographs.

(X) _____
Signature of Parent or Guardian

Date _____

I agree to accept all regulations of the daycare on behalf of the applicant. I authorize Sonshine Academy to employ discipline as seems wise and expedient as outlined in the handbook. I give permission for my child to partake in school and daycare activities or field trips and absolve Rochester Hills Baptist Church from all liability to myself or child at the school during daycare 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.

(X) _____
Signature of Parent or Guardian

Date _____