



SONSHINE PRESCHOOL
APPLICATION FOR ADMISSION

OFFICE USE ONLY

Date Received _____

Registration Fee _____

Application due by July 1 in order to obtain 1st choice of class.

Child's Name _____ Male _____ Female _____ Birth Date _____

Address _____ Phone (_____) _____

City _____ State Ohio Zip _____ Cell Phone (_____) _____

Number of Siblings _____ Age of Each _____

Father's Name _____ Occupation _____

Home Address _____ Phone (_____) _____

City _____ State _____ Zip _____

Business Address _____ Hours _____ Phone (_____) _____

Mother's Name _____ Occupation _____

Home Address _____ Phone (_____) _____

City _____ State _____ Zip _____

Business Address _____ Hours _____ Phone (_____) _____

Grandparents' Name and Address _____ Phone (_____) _____

Grandparents' Name and Address _____ Phone (_____) _____

Persons who will be responsible for picking up your child:

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Has your child had any previous Day Care/Nursery School experience? _____ Where? _____

Does your child attend church? _____ Sunday School? _____

How did you hear about our school? _____

Mark your preference below with a first and second choice. All classes are 9:30AM-12:00PM;

Afternoon Class meets 12:45pm-3pm

MTWTF (5 day) _____ (child must be entering Kindergarten the following yr.)

MWF (3 day) _____

T-TH (2 day) _____ (AM Class _____ OR PM Class _____)

TO HELP US KNOW YOUR CHILD

Is Mother employed? _____ Yes _____ No If so, in whose care is the child while she is gone from the home?

Is this an adopted child? _____ Yes _____ No If yes, age of child when adopted? _____

PHYSICALLY

What play materials or equipment seem to hold his/her attention the longest? (both indoor & outdoor)

Is there some special health condition we should know about? (For instance, are there some activities which should be avoided?) _____

At what age did he/she walk? _____ Is your child left or right handed? _____

Have you any reason to suspect a hearing loss? _____

INTELLECTUALLY

Is your child particularly interested in books? _____

What subjects does he/she ask about? _____

What are his/her special interests? _____

Approximately how much TV does he/she watch per day? _____

SOCIALLY

About how much time each day does he/she spend alone? _____

With other children? _____ Age of playmates? _____

Is he/she more at home with adults or children? _____

Do you feel that you have discipline difficulties with your child? _____

How do you try to handle or avoid them? _____

Are you aware of any fears or anxieties your child has? If so, what? _____

Are there any habits your child needs help overcoming? _____

EMAIL ADDRESS _____