



SonRise Preschool Enrollment Form Monte Vista Baptist Church

Child's Information:

Name _____
Date of Birth _____ Age _____ Gender _____
Child's Primary Address _____

Parent (Guardian) Information:

1) _____
Address (if different) _____
Home # _____ Cell# _____
Email address _____
Employer _____ Phone # _____

2) _____
Address (if different) _____
Home # _____ Cell# _____
Email address _____
Employer _____ Phone # _____

Emergency Contacts *In the event of an emergency, every attempt will be made to contact parents (guardians) however we require 2 individuals be listed in the event that the parents (guardians) are unreachable.

Names _____ Phone numbers _____

1) _____

2) _____

Please list individuals that will be picking child up beginning with the primary person.

*** I.D. will be required at pick up by anyone unfamiliar to the teachers.**

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

We now offer two class options. Your child may attend our Monday/Wednesday class or our Tuesday/Thursday class. Please circle which days you prefer.

Mondays/Wednesdays or Tuesdays/Thursdays

Child's Medical Information *Please provide a current immunization record from your child's doctor.

Doctor's name and phone # _____

Allergies and type of reaction _____

Current Medications _____

Any other medical information or concerns _____

Please keep the information provided current by notifying us in writing if any changes are made to information listed on this enrollment form.

*I agree that all information given on this document is current and accurate.
I have read the SonRise Preschool handbook, understand the policies and guidelines of the program, and agree to abide by the policies set forth in the handbook.
I give permission for the staff of SonRise Preschool to initiate emergency medical treatment for my child, if so needed.
I understand that SonRise Preschool is not required to be licensed by the State of Tennessee as a child care facility, pursuant to TCA 71-3-527*

Signature of Parent or Legal Guardian

Date

Signature or Parent or Legal Guardian

Date