



# The Sunshine House

## Enrollment Form

All forms must be completed and on file at the Center **on or before** your child's first day of attendance.

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Enrollment Start Date: \_\_\_/\_\_\_/\_\_\_  
(First) (Middle) (Last)

Child's Nickname: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

### Custodial Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would **NOT** like to receive updates and information from The Sunshine House through email.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would **NOT** like to receive updates and information from The Sunshine House through email.

Parents are:  Single  Married  Divorced  Separated

If divorced, who has custody?  Mother  Father  Both

Is the non-custodial parent authorized to pick-up?  Yes  No (If no, please provide a copy of court custody papers.)

### Emergency Contact Information/Authorized Pick-Up

Please provide the following information on **at least two** responsible, non-custodial, local persons to contact in an emergency if the parent or guardian cannot be reached. We cannot release a child to anyone without **written** consent from a parent/guardian.

| Name | Relationship to the child | Home Phone | Work/Cell Phone | Should be called in an emergency | Is authorized to pick up this child |
|------|---------------------------|------------|-----------------|----------------------------------|-------------------------------------|
|      |                           |            |                 | Yes No                           | Yes No                              |
|      |                           |            |                 | Yes No                           | Yes No                              |
|      |                           |            |                 | Yes No                           | Yes No                              |
|      |                           |            |                 | Yes No                           | Yes No                              |

Any person picking up the child who is unknown to The Sunshine House staff is required to show a picture ID.

## Medical Information

*A copy of your child's immunization record must be on file in our office.  
Records must be updated after each series of immunizations.*

Child's Name: \_\_\_\_\_  
(First) (Last)

Name of Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Name of Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Please list any allergies (including food, medicinal, seasonal, chemical, etc.) that your child has been diagnosed with. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Medical History

Please list dates of diagnosis on all that apply:

|                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| ___/___/___ Cancer          | ___/___/___ Hemophilia   | ___/___/___ Leukemia     |
| ___/___/___ Chicken Pox     | ___/___/___ Hepatitis B  | ___/___/___ Measles      |
| ___/___/___ Defective Heart | ___/___/___ Hepatitis C  | ___/___/___ Mumps        |
| ___/___/___ Diabetes        | ___/___/___ HIV/AIDS     | ___/___/___ Tuberculosis |
| ___/___/___ Epilepsy        | ___/___/___ Hypoglycemia |                          |

Please check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> Frequent colds             | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Bed wetting     | <input type="checkbox"/> Frequent ear infections    | <input type="checkbox"/> Sun sensitivity |
| <input type="checkbox"/> Biting          | <input type="checkbox"/> Frequent throat infections | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Other: _____               |  |

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## Emergency Medical/First Aid Consent

I, parent/guardian of \_\_\_\_\_, authorize The  
(Child's first & last name)  
Sunshine House to seek emergency medical care for my child. Such care may include transportation to and from the hospital, medical care from a licensed physician in the event that a parent/guardian cannot be reached, as well as first aid treatment by The Sunshine House staff.

While it is understood that reasonable precautions will be taken by The Sunshine House staff to prevent accident or injury to my child while in their care, I will not hold them legally responsible for such accident or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## **Developmental Information**

Child's Name: \_\_\_\_\_  
(First) (Last)

Names & ages of siblings: \_\_\_\_\_

### **Twos/Preschoolers:**

Is your child toilet trained? \_\_\_\_\_ Words used in toilet training: \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ How long? \_\_\_\_\_

Please describe other child care arrangements your child has participated in: \_\_\_\_\_

Please list any fears that your child has (that you know of): \_\_\_\_\_

What do you like best about your child?: \_\_\_\_\_

Please list any nutritional or special dietary needs: \_\_\_\_\_

Please list any other concerns that you feel our caregivers should know about: \_\_\_\_\_

### **Infants/Toddlers:**

Does your child take a nap? \_\_\_\_\_ How many? \_\_\_\_\_ How long? \_\_\_\_\_

Please describe other child care arrangements your child has participated in: \_\_\_\_\_

Please list any fears that your child has (that you know of): \_\_\_\_\_

What do you like best about your child?: \_\_\_\_\_

Please check all that apply:

\_\_\_ Breast milk only

\_\_\_ Breast milk supplemented with formula

\_\_\_ Formula only

\_\_\_ Milk used

\_\_\_ Cereal used

Please list brands, schedule, and comments:

Please list any nutritional or special dietary needs: \_\_\_\_\_

Please list any other concerns that you feel our caregivers should know about: \_\_\_\_\_

## Other Information

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Child's Name: \_\_\_\_\_  
(First) (Last)

I give permission for The Sunshine House to apply the following to my child, \_\_\_\_\_, for the  
\_\_\_\_\_ - \_\_\_\_\_ school year. (Child's Name)  
(Year)

Yes No

- \_\_\_ \_\_\_ Water babies sunscreen  
\_\_\_ \_\_\_ Off! Brand insect repellent  
\_\_\_ \_\_\_ Equate Triple Antibiotic

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### Gulley Park Permission

\_\_\_ I give my child, \_\_\_\_\_, permission to walk to the park with his/her class.  
(Child's Name)

\_\_\_ I do not give my child permission to walk to the park with his/her class.

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### Kindergarten Readiness Calendar

\_\_\_ I have received from The Sunshine House a list of Kindergarten Readiness Skills prepared by the  
Arkansas Department of Education as mandated in Act 825 of 2003. Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_ I have not received a list of Kindergarten Readiness Skills from The Sunshine House.

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### Publicity consent

\_\_\_ I give my permission for my child, \_\_\_\_\_, to be photographed and/or  
(Child's name)

videotaped for promotional uses and special events. I understand that my child's photograph may be viewed  
in the form of posters, television ads or news stories and The Sunshine House promotional websites. I  
understand my child's photograph may also be taken by teachers and/or other parents during special events  
and used for classroom purposes such as wall displays, teacher-made books and portfolios.

\_\_\_ I do not give permission for photographs of my child to be used for promotional or newsworthy  
purposes.

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### Parent Handbook and Guidance Policy

\_\_\_ I have read and understand the policies and procedures included in The Sunshine House Parent  
Handbook for the \_\_\_\_\_ - \_\_\_\_\_ school year.  
(year)

\_\_\_ I have read and understand The Sunshine House's Behavior Guidance Policy.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***Both custodial parents are required to sign this page when applicable.***

*By signing this page you are acknowledging consent for, knowledge of and/or receipt of the above sections that have you have marked.*

*Rev. 6/10, 8/11, 4/12*