

# Sunny Hills Preschool

## *Application for Enrollment*

Child's Name \_\_\_\_\_ Known As \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Child lives with: Both Parents   Mother   Father   Guardian   Stepmother   Stepfather   Joint Custody

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Name of **Mother** \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of **Father** \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Child's **Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Name of **Hospital** Preferred \_\_\_\_\_ Phone \_\_\_\_\_

Person to **contact** when Parents cannot be reached \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Person(s) **authorized** to pick-up Child \_\_\_\_\_

Future Elementary School \_\_\_\_\_ City \_\_\_\_\_

Others in the home: (Family members, animals, imaginary friends)

\_\_\_\_\_  
Name of Siblings Age Living in the home (Yes or No)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail completed form along with a \$100 non-refundable Application Fee to:**

***Sunny Hills Preschool***

***6948 SW Capitol Hwy., Portland, OR 97219***

Thank you!