

Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Paid \_\_\_\_\_



**SONSHINE SCHOOL ENROLLMENT FORM**  
**13400 W. 119<sup>th</sup> St. Overland Park, KS 66213**  
(PLEASE FILL OUT IN BLACK INK)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F

Address \_\_\_\_\_ (City) \_\_\_\_\_ (St.&Zip) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Please add us to your email address book. We don't want to go to your junk email.)

Father's Name \_\_\_\_\_ Workplace and phone \_\_\_\_\_

Address, if different \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Workplace and phone \_\_\_\_\_

Address, if different \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

Emergency Contacts (Someone who can pick up child in case of illness or injury, and parents are unavailable-must be able to come in 15 minutes)

1.Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

2.Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Are there any special health problems or allergies we should be aware of? \_\_\_\_\_

Does your child show any indications of possible problems with speech, hearing or vision?

Explain \_\_\_\_\_

Any other pertinent information about your family we should know; such as: recent move,  
death, separation or divorce? \_\_\_\_\_



*A place to grow in the Sun.*

## Sonshine School Enrollment Agreement

Child's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

I understand that once my child has been offered a spot and placement is accepted, the enrollment fee is non-refundable for any reason, and that I will owe nine payments with **August 20 being the first payment** and the remaining 8 months - September through April will be due by the 20<sup>th</sup> of each month. I understand that I am paying to have a spot saved for my child, and because of ongoing center expenses, refunds or adjustments of tuition due to absences will not be made. I understand tuition is based on the school year and divided into 9 equal payments. I understand I will pay the same each month and will not pay more for some months or less for some months when the amount of days for that month are different. **I understand that if I choose to withdraw my child from the school, I will abide by the withdrawal policy in the parent handbook. (Withdrawal notification will need to be in the Sonshine School Office with the directors, not with the teacher(s).)**

I understand that, due to school policy and state licensing regulation of Kansas, my child may not attend school until all forms have been completed and turned in to the office. These forms include: enrollment/agreement form, authorization for emergency care form and the medical record form-signed by the doctor.

- I understand that the school takes pictures that are used in the hallways or posted by the classroom door.
- I understand the school makes a roster that has names and addresses for the class and may be given out to other parents in the class upon request.
- I understand the children play outside on play equipment and participate in all the activities of the program.
- I understand that basic first aid will be used such as ice pack for contusions, soap, water and a Band-Aid for cuts and abrasions.
- I understand that there is a copy of the Parent Handbook and school calendar on ***opsonshine.org*** that can be viewed at any time I have a question about the school's policies.

I understand that I will be notified if for some reason my child is not feeling well and a course of action will be agreed upon. I understand that if my child is too sick to remain at school, I will need to pick them up or arrange for them to be picked up. If my child is in an accident, I understand that I will be notified immediately. I understand that Sonshine School does not have qualified medical personnel on their staff. I do not expect anyone to provide medical evaluation or treatment for a medical condition of my child, other than to follow the above guidelines.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_