

2017-2018 School Year

Sunnybrook Christian Preschool and Mom's Day Out

Preschool: _____ MDO: _____

Child's full name: _____ Date of Birth _____ Sex _____

Name child goes by: _____

Child's home address: _____ City _____ Zip _____

Child's home phone: _____

Father's name: _____ Cell Phone: _____

Father's employer _____ Phone: _____

Mother's name: _____ Cell Phone: _____

Mother's employer _____ Phone: _____

E-mail address _____

Persons authorized to pick up the child: _____

Persons who MAY NOT pick up the child: _____

Any medical problems we should be aware of? _____

What church do you attend? _____

How did you hear about Sunnybrook? _____

Siblings' names and ages: _____

I grant my permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care.

Signed: _____ Date: _____
(Parent or Legal Guardian)

**Return this form and your enrollment fee to Kim Henderson, at the Preschool, 421 E Richmond Rd 74075.
Call during school hours 624-1210 or after hours 405-612-0603(c) with any questions.**