

Northview Christian Church SONSHINE SCHOOL  
**INFANT & TODDLER ENROLLMENT FORM**

623 N SR 39, Danville, IN 46122 Phone: (317) 745-2566 Fax: (317) 745-4659  
State-licensed Infant/Toddler Care, Preschool, After School Care  
email: sonshine@northviewchristian.org

**Infant Room**

6 weeks to walking  
\$206 wk / \$49 day (part-time)

**Toddler Room**

walking to 2 years  
\$191 wk / \$43 day (part-time)

***Sibling discount offered***  
***Non-refundable new student fee: \$50***

**Parents provide formula, disposable diapers, wipes, & changes of clothing.**  
We provide clean sheets, bibs, burp cloths, and blankets daily.

**Documents needed: copy of birth certificate, shot record, and physical.**

**CIRCLE SESSION:** summer & school year or school year only **DAYS PER WEEK:** M T W T F

Today's date \_\_\_\_\_ Child's birthday \_\_\_\_\_ Child's first day \_\_\_\_\_

Child's last name \_\_\_\_\_ first \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Nickname, if any \_\_\_\_\_ Child's gender: M F

Father \_\_\_\_\_ Phone: cell \_\_\_\_\_ work \_\_\_\_\_

Employer \_\_\_\_\_ hours \_\_\_\_\_

Mother \_\_\_\_\_ Phone: cell \_\_\_\_\_ work \_\_\_\_\_

Employer \_\_\_\_\_ hours \_\_\_\_\_

Mother Email \_\_\_\_\_ Father Email \_\_\_\_\_

Parent's marital status: Married\_\_ Single\_\_ Divorced\_\_ Court order? Yes\_\_ or No\_\_

Authorized to pick up your child other than parents:

1. \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

2. \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

In an emergency & unable to reach parents, call:

1. \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

2. \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

INFORMATION TO HELP US KNOW YOUR CHILD BETTER:

Other children in family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Adults in home other than parents: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Previous Preschool or Daycare? \_\_\_\_\_

Church attended \_\_\_\_\_

Opportunities to be around other children? \_\_\_\_\_

SPECIAL PROBLEMS: Health \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Doctor \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

Dentist \_\_\_\_\_ # \_\_\_\_\_  
Name Phone Number Address

Medical Insurance: Company \_\_\_\_\_ Policy \_\_\_\_\_

\*\*\*\*Your child must be covered by your insurance. Northview does not provide insurance.\*\*\*\*

What expectations do you have from Sonshine School for your child?

\_\_\_\_\_  
\_\_\_\_\_

**This is a contract between the parent and Northview's Sonshine School.**

1. I have read, understand and agree to abide by the policies stated in PARENT HANDBOOK. A copy of the PARENT HANDBOOK is attached for me to read and take.
2. I give emergency medical authorization to provide transportation and medical treatment for my child to Sonshine School personnel.
3. I give permission for my child to participate in extracurricular activities at Sonshine School.
4. I agree to pay a daily/weekly tuition fee of \$ \_\_\_\_\_ for the care of my child at Sonshine School.

\_\_\_\_\_  
Parent's signature Date of contract

OFFICE USE ONLY Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_