

Northview Christian Church SONSHINE SCHOOL
PRESCHOOL & AFTER SCHOOL CLUB 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

Rates: Sibling discount offered

Blue Purple 2 years \$180 wk / \$40 day

Yellow 3 years old \$170 wk / \$39 day, **Green and Red** 4-5 years \$165 wk / \$38 day
ASC K-5 grades \$52 wk / \$13 day *All-day* \$145 wk / \$38 day *Two-hour Delay* add'l \$10

Non-refundable new student fee: \$50

Documents needed: copy of birth certificate, shot record, and physical.
Preschoolers bring change of clothes, blanket and small pillow.

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: