

APPLICATION FOR ENROLLMENT

SUNRISE CHRISTIAN CHILDCARE

5500 E. 45th St. North Wichita, KS 67220
 Phone: 316-744-9262 Fax: 316-744-7449 Cell Phone: 316-409-3223
 E-Mail: ccdesk@sunrisechristian.org

FOR OFFICE USE ONLY

- Registration Fee
- Application Signed
- Medical Form Signed
- Physical received
- Immunizations
- Copies made
- Emergency Card Made ...
- Account created

www.sunrisechristian.org

Start Date: / /
A nonrefundable \$100.00 Registration/Supply Fee
 must be paid before your spot will be held. Application
 must be received at least 2 days before child is to start.

- Full time childcare
 Part time childcare, days attending:
 M T W Th F
 Weekly Rate: _____

Child's Expected Schedule:

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

FAMILY INFORMATION

STUDENT				
Last Name:		First Name:		Middle:
A	Street:			Date of Birth:
D				City of Birth:
D	City:			County:
R	State:	Zip:		State:
E				Social Security No:
S	Home Phone:			
S	Parent's E-Mail Address:			

Marital Status of Parents: Married Separated Divorced
 If divorced: Who has custody? Father Mother Other _____
 Who is responsible for payment? Father Mother Both
 If both, % for each Father ___ Mother ____
 Noncustodial Parent's address/phone: _____
 Should receive newsletter? Yes No Should receive bill? Yes No

Name of Father or Guardian:		Work Phone:
Employer:		Cell Phone:
Name of Mother or Guardian:		Work Phone:
Employer:		Cell Phone:
Emergency Contact:		Phone:
List the names of others child may be released to:		Phone numbers:
1.		
2.		
3.		
4.		

SPIRITUAL BACKGROUND (OPTIONAL)

Name of local church now attending:		
Name of pastor/elder:	Phone:	
Do you attend this local church regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are applying student's parents Christians?	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>

- ❖ **HOURS OF OPERATION:** We are open from 6:30 a.m.-6:00 p.m. Monday through Friday.
- ❖ **PAYMENTS:** Payments are due each Monday by 6:00 p.m. Payments received after Monday at 6:00 p.m. are considered late and subject to a \$10.00 late fee. If child is absent from care the normal weekly rate will be due and payable. If child is absent for an entire week, tuition will be charged at half rate.
- ❖ **LATE FEES:** Parent/Guardian agrees to pay a late fee of \$1.00 per minute that they child remains in care before 6:30 a.m. or after 6:00 p.m.
- ❖ **DAYCARE CLOSURES:** The daycare will be closed on New Year's Day, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving and the day after, and Christmas Eve/Christmas.
- ❖ **TERM:** This agreement terminates on August 1, 201___. Failure to comply with the terms set forth in this agreement may, at our discretion, result in immediate termination of Child's enrollment. A two week notice is required for any party to terminate or change this agreement prior to August 1, 201___. Weekly fees will be due and payable on each Monday of the two week notice period.
- ❖ **MEDICAL:** I understand that Sunrise does not provide medical insurance for children in this program. This includes all activities including, but not limited to, field trips. It is our desire to provide a safe environment for students. It is understood that parents or guardians are responsible for all medical costs incurred by their child for sickness and accidents.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

I grant permission for Sunrise to take pictures of my child for brochures, television, video or other publicity for the center, for training and class projects. Parent Signature: _____