



Which Sunshine Academy location
are you applying for?

Sunshine Academy APPLICATION

Child's First Name _____ Child's Last/Family Name _____

Date of Birth ____/____/____ Requested Date of Admission ____/____/____

Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Primary Language _____ Identifying Marks _____

Allergies/Special Dietary Needs _____

Primary mode of transportation to/from the center (circle one) Driving Walking

Parent/Guardian (1)

Parent/Guardian (2)

Name _____

Name _____

Relationship to Child _____

Relationship to Child _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Email Address _____

Email Address _____

Hours at Work _____

Hours at Work _____

Child's Physician/Clinic _____

Chronic Health Conditions or Medications _____

Emergency Contact Names and Phone Numbers (if parents cannot be reached) _____

Special Limitations/Concerns _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Sunshine Academy is an NAEYC-accredited early childhood education program.