

**The Sonshine Community**  
**384 New Hempstead Rd.**  
**New City, New York 10956**  
**(845) 634-2163 ext. 112 director ext.118**

**For Office Use Only**

App. Rec'd \_\_\_\_\_ App. Fee Rec'd \_\_\_\_\_  
Dep Ltr Sent \_\_\_\_\_ Conf. Ltr Sent \_\_\_\_\_  
Dep. Rec'd \_\_\_\_\_ Cal. Sent \_\_\_\_\_

**Enrollment Application** - Please complete and return with a \$20 non-refundable application fee.  
Applications will not be processed without fee attached.

**FAMILY INFORMATION**

**Email address** \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender (M,F) \_\_\_\_\_

Birthdate \_\_\_\_\_ Does your child respond to any special nickname or word? \_\_\_\_\_

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

Telephone \_\_\_\_\_ Race \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Name(s) and ages of brothers/sisters \_\_\_\_\_

Your present marital status: single \_\_\_\_\_ / married \_\_\_\_\_ / separated \_\_\_\_\_ / divorced \_\_\_\_\_ / widowed \_\_\_\_\_ /

Were you previously divorced? \_\_\_\_\_ When \_\_\_\_\_ Do you share custody? \_\_\_\_\_

Is your child a stepchild? \_\_\_\_\_ foster child \_\_\_\_\_ other (please specify) \_\_\_\_\_

**MEDICAL INFORMATION**

Your Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Please rate your child's health: very good \_\_\_\_\_ / good \_\_\_\_\_ / average \_\_\_\_\_ / poor \_\_\_\_\_

Child's approximate weight \_\_\_\_\_ height \_\_\_\_\_

List all present and past illnesses, injuries, handicaps: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child presently taking medication? \_\_\_\_\_ If so, please specify: \_\_\_\_\_

Has your child ever seen an eye doctor? \_\_\_\_\_ Does he wear glasses? \_\_\_\_\_

Is your child's hearing good? \_\_\_\_\_ Does your child get car sick? \_\_\_\_\_

**EATING, TOYS, PETS**

Does your child feed herself/himself all the time? \_\_\_\_\_

Which hand does your child seem to prefer? right \_\_\_\_\_ left \_\_\_\_\_ How old are your child's playmates? \_\_\_\_\_

What type of toys does your child prefer? \_\_\_\_\_

Where does your child like to play? (inside, outside, both) \_\_\_\_\_

Does your child have a pet(s)? Type(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

**SLEEPING HABITS**

What is your child's day and night sleeping schedule? \_\_\_\_\_

Does your child tire easily? \_\_\_\_\_ How does she/he react? \_\_\_\_\_

Does noise easily awaken your child? \_\_\_\_\_

Does he/she sleep with a favorite toy, blanket, or pacifier to bed? (Please specify) \_\_\_\_\_

**PERSONAL INFORMATION**

Is your child toilet-trained? \_\_\_\_\_ Does he/she ask to use the toilet? \_\_\_\_\_

What words does your child use when he needs to use the toilet? \_\_\_\_\_

Does your child dress herself/himself? \_\_\_\_\_

Does he/she have habits such as thumb sucking, nail biting, temper tantrums, other (please specify):  
\_\_\_\_\_

What type of discipline is used in your home? \_\_\_\_\_

Please circle any of the following words which best describe your child now:

- |           |                |              |           |                |          |
|-----------|----------------|--------------|-----------|----------------|----------|
| active    | ambitious      | good-natured | impatient | impulsive      | leader   |
| likeable  | nervous        | persistent   | quiet     | self-confident | stubborn |
| sensitive | self-conscious |              |           |                |          |

other: \_\_\_\_\_

Has your child had any previous schooling or Day Care experience? \_\_\_\_\_

Has your child been cared for by anyone other than his/her parents for a prolonged period of time?

(Over two months) Please elaborate: \_\_\_\_\_

Please state the **days and hours** for which you are applying and the date you would like to begin:

\_\_\_\_\_

How did you hear about The Sonshine Community? \_\_\_\_\_

What in particular attracts you to our school? \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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