

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 \$75 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/she 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:** _____

For Office Use Only
