

Date Recvd: \_\_\_\_\_  
Amount: \_\_\_\_\_  
 Cash  Check # \_\_\_\_\_

**Sunbury Sonshine Preschool**  
250 Rainbow Avenue | Sunbury, Ohio 43074 | 740.965.2630

**APPLICATION FOR ADMISSION**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**FAMILY**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Marital Status:  Married  Separated  Single  Divorced

Custody/Living Arrangements: \_\_\_\_\_  
\_\_\_\_\_

Parent Responsible for fees: \_\_\_\_\_

If child is adopted: Age of adoption: \_\_\_\_\_ Does child know:  No  Yes

Siblings of child:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Others in household: \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Birth:  Full Term  Premature

Age at which child: Crawled \_\_\_\_\_ Named simple objects \_\_\_\_\_

Walked alone \_\_\_\_\_ Repeated short sentences \_\_\_\_\_

Toilet trained \_\_\_\_\_ Frequent accidents?  No  Yes

Does your child speak any languages other than English?  No  Yes \_\_\_\_\_

Special Needs: \_\_\_\_\_

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## SOCIAL RELATIONSHIPS

Church Affiliation: \_\_\_\_\_

Has child had group play experiences?  No  Yes Where? \_\_\_\_\_

Does child have neighborhood playmates?  No  Yes Age Ranges: \_\_\_\_\_

Who has cared for child other than parents?  Grandparents  Friends  Teenage babysitters

By nature, is your child:  Friendly  Shy  Aggressive  Withdrawn

How does your child relate to new people and/or new surroundings? \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

What method of discipline is used at home? \_\_\_\_\_

How does your child react when disciplined? \_\_\_\_\_

Does your child have any behaviors of which we should be aware? \_\_\_\_\_

*We/I pledge cooperation with Sunbury Sonshine Preschool in encouraging our/my child to respect its Christian teachers, in upholding the authority of the teachers in the matter of discipline and in assuming the responsibility of paying our/my financial obligations promptly. We/I will also assume responsibility for any medical bills incurred should our/my child become injured while attending Sunbury Sonshine Preschool.*

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_