



# SunRISE, Child Development Center



## Application

Please circle desired session:

- A. Full day 5days (M-F) \$750.00
- B. Full day 3 days \$495.00
- C. Half day 5 days (M-F) \$520.00
- D. Half day 3 days \$400.00

Date application received:
Time:
Entry Date:

### CHILD'S INFORMATION

CHILD'S LAST NAME:	CHILD'S FIRST NAME :
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DOB:	GENDER:	CHILD'S LANGUAGE:
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ADDRESS:	CITY:	STATE:	ZIP CODE:
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PHONE NUMBER: ( )	HOMEWORK: ( )	CELL: ( )
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DENTIST NAME:/ADDRESS/PHONE NUMBER:	DOCTOR NAME/ADDRESS/ PHONE NUMBER:
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**PRIMARY HEALTH COVERAGE:**  
DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS:

### PARENT(S) NFORMATION :

MOTHER /GURADIAN: LAST NAME:	FIRST NAME:	PHONE NUMBER : CELL: WORK:
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FATHER /GURADIAN: LAST NAME:	FIRST NAME:	PHONE NUMBER : CELL: WORK:
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Parent's/Guardians Signature:	Directors Signature:
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