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## Student Enrollment

Start Date \_\_\_\_\_ Amount Due with Return of Paperwork \_\_\_\_\_

Class Placement \_\_\_\_\_

### **Child Information**

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

1. Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Address if different \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment Address \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Address if different \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment Address \_\_\_\_\_

Are there any special instructions as to how to reach you (parent/guardian)?  
Yes  No  If yes, please explain in the following space.

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Child's Primary Health Care Provider \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Hospital \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Type of Medical Insurance \_\_\_\_\_

Does your child have allergies, chronic illness, history of seizures, or a special diet etc.?  
Yes  No  If yes, please provide detailed information in the following space.

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Does your child require the use of regular medications?  
Yes  No  If yes, please provide detailed information in the following space.

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Do you or your child's primary health care provider have any health or developmental concerns regarding your child?

Yes  No  If yes, please provide details information in the following space.

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Has your child attended another school or child care center before? Yes  No

\*Please use the back of this page to provide additional information for any of the above questions

**Emergency Contact Information**

In case of an emergency this person(s) is authorized to pick up your child if you cannot be reached. Those listed must be 18 years of age and show photo identification.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

\*Please use the back of this page for additional space if needed

**Child Pick Up Information**

List those who are authorized to drop off and pick up your child not included for emergency pick up. Those listed must be 18 years of age and show photo identification.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

\*Please use the back of this page for additional space if needed

**Parent/Guardian Authorization**

\*These signature authorizations are required to be updated every year

Emergency Medical Authorization

If a parent/guardian or emergency contact is not able to be reached during an emergency, I hereby authorize Sonshine Patch Preschool to seek treatment from the Fire Department Paramedics or the listed physician/dentist for my child. Expense incurred as a result of emergency ambulance use or treatment by physician will not be borne by the school or school personnel. Emergency transportations decisions are made by medical professionals.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Transportation Authorization

In the event of a field trip requiring child transportation, I hereby authorize Sonshine Patch Preschool to transport my child in accordance with vehicle and driver requirements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Non-Transportation Authorization

In the event a field trip not requiring child transportation, I hereby authorize Sonshine Patch Preschool supervise my child during a walking field trip.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Sun Protection Authorization

I hereby authorize Sonshine Patch Preschool to apply sunscreen to my child.

I will provide labeled sunscreen for my child: Yes  OR

I will allow Sonshine Patch Preschool to provide sunscreen for my child: Yes

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**Additional Forms**

I understand that per licensing rules and regulations, Sonshine Patch Preschool is required to keep and maintain health forms for my child.

I have received a General Health Appraisal Form and understand that this document must be filled out by my child’s primary care physician or other qualified health care professional. I understand that I have 30 days from the time my child starts school to have this form completed and returned to Sonshine Patch Preschool. If an appointment is set for a date later than the 30 days, I understand that I can forward a copy of the appointment card containing the appointment details. I also understand that this form must be completed every year based on the most recent visit date of my child.

I understand that I must provide a copy of current immunization records for my child. I understand that this document must be turned in to Sonshine Patch Preschool by the enrollment start date. Medical and Non-Medical Exemption Forms are also excepted for any and all required vaccinations. If my child is not up to date with immunizations, I can work with the Sonshine Patch Preschool Director and/or School Nurse to develop a make-up plan.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**Reaching Our Community**

Tell us how you found Sonshine Patch Preschool.

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What do you appreciate about our school?

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What changes to our school would you like for us to consider?

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## Terms of Educational and Tuition Agreement

Start Date \_\_\_\_\_ Child's Name \_\_\_\_\_

My child will attend Sonshine Patch Preschool according to the following class placement with regards to the monthly tuition due on the 1st of every month.

- |  |                                       |       |
|--|---------------------------------------|-------|
| <input type="checkbox"/> Apple Class         | T-Th 8:30am – 11:30am                 | \$260 |
| <input type="checkbox"/> Willow/Maple Class  | M-Th 8:30am – 11:30am                 | \$330 |
| <input type="checkbox"/> Aspen/Cherry Class  | M-Th 8:30am – 3:30pm                  | \$535 |
| *Optional <input type="checkbox"/> Oak Class | M-Th 7:30am – 5:30pm (includes above) | \$675 |

### Tuition, Payment, Fees, Enrollment, and other Understandings

1. Tuition is prorated for the month and all rates are final. There is no discount, refund or other allowances for absences, illness, vacation, holidays, school closures, or any other reason.
2. Sonshine Patch Preschool charges a non-refundable registration and materials fee of \$150 due with the return of this paperwork. This fee applies for **each year** of enrollment.
3. Late child pick-ups that exceed more than 5 minutes from the scheduled class time will result in an Overtime Fee of \$50.
4. Tuition payments paid after the 5th of the month will result in a Late Fee of \$150.
5. Parents/Guardians are to give two weeks of notice when terminating enrollment, submitted in writing to the Director. Tuition must be paid for the month even if the child has unenrolled during the pay period. Less than two weeks' notice will result in a \$95 fee.
6. Tuition, registration fees, late pick-up fees and all other fees are payable directly to Sonshine Patch Preschool.
7. A \$30 fee will be assessed for all NSF checks or other forms of returned payments.
8. Tuition is due the 1st – 5th business day of each month. If tuition is not received by the close of the fifth business day, written explanation must be provided to the Director, indicating the reason for payment delay. If a written notice has not been provided, on the sixth business day the child will not be received for care until tuition is paid in full and the account is current. If payment falls behind 2 weeks (10 business days) the child will be unenrolled at Sonshine Patch Preschool. Requests for a payment plan can be submitted to in writing to the Director for approval by the Board of Directors.
9. Sonshine Patch Preschool reserves the right to exclude any child from attendance, temporarily or permanently, under any circumstances deemed in the sole and exclusive discretion of the School, to be interfering with the health, safety or educational development of the child or any other child(ren) or whose conduct is unsatisfactory. The school further reserves the right to deny continued enrollment, or re-enrollment, to any student if the School reasonably concludes that the actions of a parent/guardian are inconsistent or in nonsupport of the educational environment or counterproductive to a positive working relationship between the School and the parent/guardian.
10. Additional times and days are available according to set Drop-In Rates.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**All About My Child**

This completed page will be given to the child’s teacher.

Child’s Full Name \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Does your child have any health concerns and/or allergies? Yes  No

If yes, please provide detailed information in the space below.

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What are your child’s favorite interests and activities?

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What are your child’s napping and sleeping routines?

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What are your child’s eating preferences, habits, and routines?

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What are you child’s toileting practices and routines?

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What language(s) are spoken at home? \_\_\_\_\_

Please share anything else you want us to know about your child. \_\_\_\_\_

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