



SONRISE
CHRISTIAN PRESCHOOL

2026/2027 Application

Child's Name: _____ Name child prefers (this name will be used on all nametags): _____
 Gender: _____ Birthday: _____ Home Phone: _____
 Address: _____ Zip Code: _____
 Father's Name (name you prefer to be called by teachers): _____ Occupation: _____
 Employer: _____ Work days/hours: _____
 Mother's Name (name you prefer to be called by teachers): _____ Occupation: _____
 Employer: _____ Work days/hours: _____
 Mother's Cell Number _____ Father's Cell Number _____
 Mother's Email Address _____ Father's Email Address _____
 Babysitter Name & Cell Number _____

In July, you will receive a Class Confirmation, School Year Calendar, and Parent Handbook. Would you like to receive your confirmation via: _____email or _____through the mail? (indicate your choice)

Should we send copies of communication (emails, newsletters, etc.) to two households? _____ If yes, list the secondary address: _____

Class Options – Indicate 1st & 2nd Choice:

2s (Age 2 by 8/1/2026)

____T/Th am, 9-11:30
 ____MWF am, 9-11:30
 ____MW pm, 12:30-3

4s — Pre-Kindergarten (Age 4 by 8/1/2026)

____MWF am, 9-11:30
 ____MWF pm, 12:30-3

Check Number _____
 Payment Total _____
 Date _____

3s (Age 3 by 8/1/2026)

____T/Th am, 9-11:30
 ____T/Th pm, 12:30-3
 ____MWF am, 9-11:30
 ____MWF pm, 12:30-3

4s — Pre-Kindergarten All-Day Options

(Age 4 by 5/1/2026 OR previous preschool experience)

____2 days - T/Th All Day, 9-3
 ____3 days – MWF All Day, 9-3
 ____4 days - M-TH All Day, 9-3

List your child's allergies, health conditions, or special needs; indicate severity:

Allergy _____ Check One: _____Severe _____Moderate _____Mild

Type of Contact, check all that apply: _____Ingestion _____Touch _____Airborne _____Touch from a classmate's hand

What are the symptoms of your child's allergic reaction or health condition?

How do you treat your child's allergies, health conditions, or special needs? Does your child have an EpiPen or Auvi-Q?

EMERGENCY CONTACT

List a **third** party (this party will be contacted if parents are unreachable)

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____ Hospital Preference: _____

I understand that I will be notified if my child becomes ill and it may be necessary to pick up my child within **30 minutes or less**. If my child is exposed to a contagious disease, I agree to notify Sonrise Christian Preschool immediately.

I agree and give consent that in case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I, or my emergency contact listed above, will be contacted immediately.

Parent/Guardian's Signature _____ Date: _____

Sonrise Christian Preschool

Carpool Permission Form

Dismissal Arrangements 2026/2027

Please indicate your dismissal arrangements for your child/children. If you add new caregivers, contact Kristy to add them to your list.

Child's Name _____

Child's Class _____

Child's Siblings (enrolled at Sonrise) _____

I need _____ copies of my carpool number (maximum of 5).

(Please list the quantity of carpool numbers that you will need – for example, one for each vehicle that will pick up your child, typically **2 or 3 copies** of a number.

If you plan to walk up to pick up, you need at least 1 number).

ADULTS WHO HAVE PERMISSION TO PICK UP MY CHILD:

Indicate the name of any person who is likely to pick up your child during the school year – neighbors, grandparents, aunts/uncles, babysitters, older siblings, families that share carpool arrangements with you.

(Please include name, relationship to child, and their phone number)

1.

2.

3.

4.

5.

6.

7.

*****LIST ANY PERSON WHO IS NOT ALLOWED TO PICK UP YOUR CHILD:**

Name _____

(Provide a picture of the person who is not allowed to pick up your child)

Name of parties who have legal custody of child: _____

If needed, provide documentation of your custody arrangement.

Name of adults who live in household with child: _____

Siblings:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Is your child adopted? _____ Does s/he know? _____

Please list any family pet(s) and name(s): _____

Does your child attend Church or Sunday School? Yes ____ No ____ Name of Church _____

What system of discipline do you use at home? _____

Does your child find it difficult to share toys? Yes _____ No _____ If yes, how do you respond? _____

What is your child's favorite indoor activity? _____

Outdoor activity? _____

Has your child attended preschool or daycare? Yes ____ No ____ Name of Program _____

If Yes, for what length of time? _____

How did they respond? _____

Does your child have a challenging time saying goodbye to you? _____

Does your child prefer to play alone? _____ With others? _____ In a group? _____

Has your family experienced any accidents, deaths, or situations that have impacted your child? _____

What are your child's fears? _____

What comforts your child when they're upset? _____

What are your child's special interests? _____

What will help us to meet your child's needs most fully? _____

What are your goals for your child at school this year? _____

What do you enjoy most about your child?

Mother: _____

Father: _____

Medical Information

Date of Last Physical Exam _____

Attach a copy of your child's **Immunization Record** (update yearly; submit copy with registration paperwork)

_____ We have chosen not to immunize our child. List reason: _____

Child's **MEDICAL HISTORY** (check all that apply):

_____ *Allergies	_____ Prolonged Illnesses	_____ Asthma
_____ Frequent Illnesses	_____ Speech Difficulty	_____ Serious Injuries
_____ Visual Difficulties	_____ Handicap	_____ Seizures
_____ Wears Glasses	_____ Premature Birth	_____ Back Problems
_____ Hearing Problems	_____ Developmental Delay	_____ Other

*Allergies – List Treatment/Medications/Symptoms/Severity of Allergy _____

*Family history of the conditions or allergies listed above (for example, are any of your other children allergic to peanuts?) _____

Does your child have an EpiPen or Auvi-Q? _____

If you marked any of the above, please specify and list Treatment/Medications/Symptoms/Severity:

Does your child receive early intervention? What program or agency serves your child? _____

List child's medications: _____

Does your child have any conditions/diagnosis that would limit their participation in preschool? _____

What other information or accommodations would help us to plan the care of your child: _____

NOTICE TO PARENTS

I understand that Sonrise Christian Preschool is not licensed under the laws of the State of Indiana. I further understand that Sonrise Christian Preschool complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is housed. I accept that it is my (the parent's) responsibility to ensure that the nutritional and health needs of my child are met while my child is participating in Sonrise Christian Preschool.

Parent/Guardian Signature: _____ Date: _____

Photo/Video/Social Media Use Permission Form

I grant Sonrise Christian Preschool permission to use my child's photo/video image for the purposes of preschool publicity or special programming (Photos during the Christmas Program, Parent Orientation, etc.). The school can use my child's photo on displays in the classroom, on PowerPoint presentations, preschool publications (like monthly newsletters), and/or for Sonrise Church publicity. No names will be used in any publication.

Parent/Guardian Signature _____ Date _____

☐ No, do not use my child's photo

☐ Only use my child's photo in specified ways (check all that apply):

☐ Newsletters ☐ Private Classroom Facebook ☐ Sonrise Church Facebook ☐ ME Book (memory book for the school year)

Class Directory Permission Form

Sonrise Christian Preschool gives each family a directory of the contact information for the children in their child's class. Families use the directory to arrange play dates, to carpool with each other, to help children practice names of classmates, etc. Please sign the release below to give us permission to give your address, email, and phone number to your child's classmates.

Sonrise Christian Preschool has my permission to list my child's name, address, email, and phone number on the class directory.
Sonrise Christian Preschool may share this list with the other children in the preschool.

Parent/Guardian Signature _____ Date _____

☐ NO, please withhold my child's information from the class directory.

☐ NO, please list limited contact information for our family on the class directory (specify information):

☐ Email address only ☐ Phone numbers only ☐ Other

Financial Agreement

I/We have read and agree to honor the financial Policy of Sonrise Christian Preschool.

Parent's signature: _____ Date: _____

Sonrise Christian Preschool Financial Policy

Sonrise Christian Preschool is a ministry and is a non-profit outreach of Sonrise Church. The preschool is self-supporting and obtains all income for salaries, supplies, and special events through tuition, registration fees, activity fees, fundraisers, and donations. All non-tuition donations are tax deductible.

1. Three payments are due each year:
 - Registration fee - a non-refundable fee of \$45 is charged at the time of registration to secure your child's place at Sonrise Christian Preschool
 - Activity Fee of \$35
 - Tuition
2. Activity fees and the first tuition payment are due August 1.
3. We offer three tuition payment options:
 - Full payment – Due August 1
 - Semi-annual payment – Due August 1 and January 1
 - Monthly payment – Due the first of every month starting August 1st and ending April 1st
(With this option, payments are due August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, and April 1; no payment is due in May).
4. A signed Financial Agreement is required for enrollment. This agreement will be kept on file.
5. Late tuition payments and outstanding fees will incur late charges of \$10. Please discuss any financial concerns with the Director so that arrangements can be made.
6. Failure to pay tuition may cause your child's enrollment in Sonrise Christian Preschool to be forfeited.
7. Tuition is prorated over a nine-month period so that the tuition rate is the same each month. Thus, your tuition payment is the same in December (when you have Christmas Break) as in March, which typically has 5 weeks of school.
8. If you need to withdraw during the school year, notify Sonrise Christian Preschool one month in advance. Without notification, you are obligated to pay the following month's tuition. If you need to withdraw after August 1, you owe the first month's payment.
9. If your child's tuition is not paid in full by the end of the school year, your child will not be able to attend preschool the subsequent year until you pay your balance.
10. All returned (bounced) checks are subject to a \$20 reprocessing fee.
11. We do not offer refunds for:
 - late arrivals or early departure
 - family vacations during scheduled class days
 - illness
 - snow days
12. Please endorse all checks to **Sonrise Christian Preschool**.