



SONRISE

CHRISTIAN PRESCHOOL

Where Children Grow in the Son

APPLICATION FOR ENROLLMENT

ENROLLMENT CHECKLIST

In addition to the application, new students must submit the following records:

- State Emergency Form
- Physician's Report
- Copy of Immunization Records
- Blue Immunization Card (top only filled out)
- Parent's Report
- Green Emergency Card
- Personal Rights
- Parent's Rights
- Preschool Parent Handbook Agreement

Download the Preschool Parent Handbook via sonrisechristian.org/preschool

GENERAL STUDENT INFORMATION

PRESCHOOL APPLICATION FOR ENROLLMENT

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STUDENT NAME: First _____ Middle _____ Last _____

S.S.N. #: _____ **AGE:** _____ Male Female

STUDENT ADDRESS: Street _____ Apt/# _____

City _____ State _____ ZIP _____

PRIMARY PHONE: _____ **DATE OF BIRTH:** _____
XXX-XXX-XXXX MM/DD/YYYY

SCHOOL LAST ATTENDED: NAME: _____ ADDRESS: _____

CHURCH PRESENTLY ATTENDING: NAME: _____ CITY: _____ PASTOR: _____

FATHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

MOTHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

SIBLING #1: _____ School Attending _____ Age _____ Grade _____

SIBLING #2: _____ School Attending _____ Age _____ Grade _____

Briefly explain why you want your child to attend Sonrise Christian Preschool: _____

FINANCIALLY RESPONSIBLE FOR BILLING: Father Mother Both

Email address to receive billing statements: _____ @ _____

OFFICE USE ONLY:

Start Date: ____/____/____ Plan: _____ Days: _____ **Enrollment:** Check # _____ Amount _____ Date _____

Monthly Tuition: _____ Staff Initials: _____ **Campus:** Covina San Dimas Class Name: _____

Enrollment Fees

YEARLY REGISTRATION FEE: (non-refundable)

Returning Student – \$115 (paid by 5/31/18)

New Student – \$165

First Month's Tuition (due with enrollment) \$ _____

Total amount due on or before first day of attendance \$ _____ Date paid: _____ Ck/Receipt #: _____

Summer Activity Fee of \$20 per child – **Due by June 15, 2018**

Plan A • Monthly Tuition 6:30am–6:00pm (or over a 6-hour period)		
	PRESCHOOL (2-5 YRS.)	VACATION CREDIT
5 Days	\$773	\$96.50
4 Days	\$630	\$78.75
3 Days	\$525	\$65.50
2 Days	\$356	\$44.50

Plan B • Monthly Tuition 8:30am–2:30pm (6-hour period)		
	PRESCHOOL	VACATION CREDIT
5 Days	\$724	\$90.50
4 Days	\$587	\$73.50
3 Days	\$471	\$59.00
2 Days	\$325	\$40.75

Plan C • Monthly Tuition 8:30am–12:30pm (4-hour period)		
	PRESCHOOL	VACATION CREDIT
5 Days	\$578	\$72.25
4 Days	\$504	\$63.00
3 Days	\$403	\$50.50
2 Days	\$278	\$34.75

_____ *Initials* **Tuition Payments:** Tuition agreements are contracted with Smart Tuition Services. Tuition will be due on the 1st of each month. If payment is not received within 5 days of due date, a late fee will be assessed and children will not be able to attend.

_____ *Initials* **Late Payment Fee:** A \$45.00 late fee will be applied if unpaid by the 6th of the month.

_____ *Initials* **Late Pick Up Fee:** Picking up your child after closing (6:00pm) or after the scheduled hours assigned will lead to a charge of \$1.00 per minute.

_____ *Initials* **Change of Schedule Fee:** Change of schedule consists of any change to your child's current days and/or hours. First time change within a two-week notice is at no cost. Each additional change will be \$20.00.

_____ *Initials* **Failure to sign in/out Fee:** Failure to sign in/out will result in a \$25.00 fee.

_____ *Initials* **Holidays:** There is no reduction in tuition for school holidays. We close for all major holidays plus 2 in-service days to be scheduled.

_____ *Initials* **Vacation Credits:** We offer a total of two weeks of vacation credit for families attending September – May. For those attending the additional June – August months, we offer an additional week of vacation credit (to be used in the summer months only). A two-week notice must be given. Vacation credits must be consecutive days within a week and will be reflected on the following month's invoice.

_____ *Initials* **Withdrawal procedures:** Our policy requires a two-week notice to be submitted in writing to the Preschool Director when withdrawing your child. Failure of notification will result in an additional charge of two weeks' tuition.

I/we have fully read and understand the Financial Agreement of Sunrise Christian Preschool and will abide by the terms of the agreement. I/we will be responsible to meet my/our financial obligation to the preschool. I/we understand that the monthly payments are due on the 1st of each month. A late fee is applied if not paid on time. A copy of this signed financial agreement may be given upon request.

Father's Signature: _____ Date: _____
Driver's License #: _____ S.S.N. # _____
Mother's Signature: _____ Date: _____
Driver's License #: _____ S.S.N. # _____
Child's Name: _____ Start Date: _____

Plan (circle): A B C Days (circle): M T W Th F



My/our signature(s) below indicates that I/we have read and completed all information on this application correctly. I/we have read and agree to the Admission Policies & Financial Agreement. Failure to comply with any provisions within this agreement will be grounds for termination of services.

Along with this application, we are submitting the following forms:

- **State Emergency Form**
- **Physician's Report**
- **Copy of Immunization Records**
- **Blue Immunization Card** (top only filled out)
- **Parent's Report**
- **Green Emergency Card**
- **Personal Rights**
- **Parent's Rights**
- **Preschool Parent Handbook Agreement**

I/we will submit the enrollment fee and all applicable forms prior to processing or admission.

Child's Full Name _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Director's Signature _____ Date _____



San Dimas Campus: 1400 W. Covina Boulevard, San Dimas, CA 91773 | 909.394.5114 | LIC# 198003903

Covina Campus: 1220 E. Ruddock Street, Covina, CA 91724 | 626.967.0010 | LIC# 191591998

fax: 626.339.8029 • sonrisechristian.org

