



# Shining Lights Preschool and Daycare Center

## Enrollment Application

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Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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

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

Work Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

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

Work Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

For security purposes, please state mother's maiden name: \_\_\_\_\_

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*Please list below those persons who are authorized to pick up your child(ren):*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**== Please turn over to complete the emergency contact and medical care section ==**

*Please list the designated emergency contacts (if neither parent is available):*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List all current medications: \_\_\_\_\_

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*I am interested in (please check all applicable options):*

- Half day
- Full Day
- Extended Care
- Kindergarten Extended Session
- Before school drop-off
- After school extended day

Please list the hours that you are requesting for the option selected:

\_\_\_\_\_ am/pm **to** \_\_\_\_\_ am/pm

Please place a checkmark next to the days that you are requesting:

Mon  Tue  Wed  Thu  Fri