

**SONSHINE GARDENS DAYCARE & PRESCHOOL**

1125 Stanford Way, Sparks, NV 89431

(775) 359-2222

[www.sonshinegardensdaycare.com](http://www.sonshinegardensdaycare.com)

**STUDENT ENROLLMENT APPLICATION 2022**

(ONE FORM MUST BE FILLED OUT FOR EACH CHILD)

STUDENT'S FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

Name student uses if different than above: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip code Phone Number

Birthdate: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Status of Parents: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Widowed \_\_\_

Child resides with: \_\_\_\_\_

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Name of Father/Step/Guardian: \_\_\_\_\_ Same Household? Y or N

(If different than above) Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - email: \_\_\_\_\_

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Name of Mother/Step/Guardian: \_\_\_\_\_ Same Household? Y or N

(If different than above) Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

If student does not reside with both birth mother and father please explain the custody arrangement: (provide any legal documents that are necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Personal References: (Someone who knows the whole family, i.e. Pastor, Sunday School Teacher):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Name of Church family attends: \_\_\_\_\_  
Pastors Name & Phone Number

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, you agree to the terms and conditions of SONSHINE GARDENS DAYCARE & PRESCHOOL handbook and tuition policies.

OFFICE USE ONLY: Start Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_