

Caring for children 6 weeks to 2.5 years old

Days Desired:				
(Please note that effective immediately, Sunnyside Child Care Center will only be taking applications for 5 day a week students) Hours Desired:		Payment method (App):		
		Amount:		
		Room assignment:Start date:		
Projected Start Date:				
		or Enrollment enrollment does not guarantee admission the discretion of the Director as well as		
Name of Child (Last)	(First)	(Date of Birth)	(Gender)	
Address (Street)	(City)	(State)	(Zip Code)	
Parent's Name		Parent's Date of Birth		
Address (City)	(Zip Code)	Phone Number		
Occupation		Place of Employment		
Address of Employer		Phone Number		
Hours Worked		Personal Email Address		
Nationality		Marital Status		
Parent's Name		Parents' Date of Birth		
Address (City)	(Zip Code)	() Phone Number		
 Occupation		Place of Employment		

	()
Address of Employer	Phone Number
Hours Worked	Personal Email Address
Nationality	 Marital Status
f parents are separated, divorced or if ar	ny court orders have been issued which concern the
child(ren) seeking enrollment, please prov	vide a copy of such paperwork with this application
and briefly describe the situation.	
Please provide the names and birth date:	s of all siblings:
	-
Name	Date of Birth
Name	Date of Birth
3 Name	 Date of Birth
Has the child been enrolled at any schoo f so, please state the name; address; dat	ols/centers previously tes child was enrolled; and reason for leaving
1)	
2)	
2)	
Effective lanuary 1 2023: All childs	ren enrolled at Sunnyside CCC must be up to do
•	cept children who are not vaccinated. Complet
vaccination records are due to the	e school one week prior to enrollment.
'I hereby certify that the information prov my knowledge and belief."	vided herein is complete and accurate to the best o
Signature of Parent	Date
Signature of Parent	 Date

