

Sunny Hill Preschool

P.O. Box 202, 183 William Street, Portland, CT 06480

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sunnyhill-preschool.com

ENROLLMENT FORM 2025-2026

Enrollment date: _____

Child's Name: _____ Birth date: _____

Address: _____

I wish to enroll my child in (please check one):

_____ **3-5 year-old Morning Program** (Tues, Thurs) 9:00 - 11:30 a.m.

_____ **3-5 year-old Morning Program** (Mon, Wed, Fri) 9:00 - 11:30 a.m.

_____ **3-5 year-old Morning Program including lunch** (M,W,F) 9:00-12:30

_____ **4-5 year-old Extended Day** (Mon, Wed, Fri) - **Full Year**

9:00 a.m. - 1:30 p.m. September - June

_____ **4-5 year-old Extended Day** (Mon, Wed, Fri) - **Starting January 2026**

(circle one) 9:00 a.m. - 11:30 a.m. September - December (no lunch) OR

9:00 a.m. - 12:30 a.m. September - December (including lunch) THEN

9:00 a.m. - 1:30 p.m. January - June

If Sunny Hill Preschool cancels a program, families will receive a full refund for any prepaid tuition related to the period the program is canceled.

Parent/Guardian 1: _____ Relation to child: _____

Address (if different) _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____

Parent/Guardian 2: _____ Relation to child: _____

Address (if different): _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____

Siblings (Names & Ages): _____

MEDICAL INFORMATION:

Child's Physician: _____ **Phone:** _____

Address: _____

Does your child have any **allergies?**: _____

Does your child take **medication** on a daily/regular basis? _____

Does your child have **special physical or emotional needs?** _____

Please explain any **"yes"** answers here:

Emergency persons to call when parents/guardians cannot be reached:

Name: _____ **Phone:** _____

Address: _____ **Relation to child:** _____

Name: _____ **Phone:** _____

Address: _____ **Relation to child:** _____

The following people are authorized to pick up my child from Sunny Hill Preschool:

Name: _____ **Phone:** _____

Address: _____ **Relation to child:** _____

Name: _____ **Phone:** _____

Address: _____ **Relation to child:** _____

PERMISSIONS

PARTICIPATION:

I _____ give my child, _____,
permission to participate in activities sponsored by Zion Lutheran Sunny Hill Preschool.

Parent Signature: _____ Date: _____

FIRST AID/HOSPITAL:

I, _____, give Sunny Hill Preschool teachers/staff permission
to give first aid to my child if needed.

I give permission for my child to be taken to _____ hospital, via
ambulance, if necessary.

Parent Signature: _____ Date: _____

VIDEO AND PHOTOGRAPH RELEASE:

I, _____, give my permission for Sunny Hill Preschool to
videotape and/or photograph my child, _____.

I, _____, give my permission for Sunny Hill Preschool to
videotape and/or photograph me.

I understand that no identifying information will be revealed in the photographs/videotapes and that these images may be used for the Sunny Hill Preschool website and/or other dissemination media such as manuals, displays, posters, brochures, local newspapers and social media (Facebook page).

Parent Signature: _____ Date: _____

PHOTO RELEASE - CLASSROOM USE ONLY:

I, _____, give my permission for Sunny Hill Preschool to
use a digital camera to photograph and/or videotape my child _____ **for
internal classroom use, display and evaluation purposes only.**

I understand that these photos may be printed for class books, displays and/or conferences, but will not be used for the Sunny Hill Preschool website, social media and/or other dissemination media.

Parent Signature: _____ Date: _____

PERMISSION TO BE ADDED TO FAMILY CONTACT LIST:

I, _____, give my permission for Sunny Hill Preschool to add my child's name and address, as well as the following names, phone number(s) & emails to a contact list to be distributed to other Sunny Hill families to facilitate playdates and social gatherings:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Address _____

PERMISSION FOR WALKS/ACTIVITIES IN AND AROUND CHURCH/PROPERTY:

I, _____, give my permission for my child to go for supervised walks/activities inside the Zion Lutheran Church and Preschool building (including, but not limited to, the sanctuary, office, social halls and lounge), around the grounds (including the driveway, lawn & surrounding areas, the courtyard and the cemetery across the street), and through the path to the Portland High School property.

Parent Signature: _____ Date: _____

Previous Preschool/Daycare:

Has your child attended any other preschools or daycares? YES NO

If yes, would it be ok if we contacted them to learn more about your child? YES NO

If yes, please provide contact information below:

Name of preschool/daycare _____

Contact person _____

Phone number _____