

**SonRise DayCare**

**REGISTRATION APPLICATION**

Name of child: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

Age Today: \_\_\_\_\_

Name of Parents/ Guardians:

Mother: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Days Attending: M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_

Hours Attending: Arrive: \_\_\_\_\_

Leave: \_\_\_\_\_