



Sunrise
Children's
School

Registration Form

Child's Full Name: _____

Home Address: _____

Phone: _____ Birth Date: ____/____/____ Gender: F M

Mother's Full Name: _____

Cell: _____ E-Mail: _____

Father's Full Name: _____

Cell: _____ E-Mail: _____

Please select a classroom and note your 1st & 2nd choice:

2's (T/TH)

2's (M/W/F)

2' (M-F)

3's (T/TH)

3's (M/W/F)

3's (M-F)

4's (M-F)

Any additional comments:

A non-refundable registration fee of **\$150.00** must be returned with this form to secure your enrollment.

Sunrise Children's School
www.SunriseChildrensSchool.com
3222 Middle Street
P.O. Box 537
Sullivan's Island, SC 29482
(843) 883-3888

For Administrative Use Only:

Date Rec'd: _____

Check # _____

Cash _____