



Sunrise Children's School

REGISTRATION FORM

Child's Full Name: _____

Home Address: _____

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

Parent's Full Name: _____

Cell: _____ E-Mail: _____

Parent's Full Name: _____

Cell: _____ E-Mail: _____

Siblings: _____

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 _____
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