

Sunshine Kids Learning Center

(503) 385-7362

debra@sunshinekidslearningcenter.com

CLIENT INFORMATION

Child Information

Expected starting date _____ Male _____ Female _____

Child's Name _____ Age of Child _____

First MI Last

Address _____ Phone _____

City _____ State _____ Zip _____

Child's Birthday _____ Social Security Number _____

Family Information

Father's Name _____ Date of Birth _____

Address _____ Home Phone _____

Employer _____ Work Phone _____

Address _____

Cell _____ Pager _____ E-Mail _____

Social Security _____ Driver's License _____

Mother's Name _____ Date of Birth _____

Address _____ Home Phone _____

Employer _____ Work Phone _____

Address _____

Cell _____ Pager _____ E-Mail _____

Social Security _____ Driver's License _____

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Authorization

Those listed here are allowed to pick up my child(ren).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In Case of Emergency

Please contact one of the following if parents cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The information contained in this application is correct to the best of my/our knowledge.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

