

Lori Strang, Kindergarten Director

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Sonshine Preschool and Kindergarten

1445 South Meadows Parkway Suite 101

Reno, NV 89521

www.encounterhope.org



ENROLLMENT APPLICATION

Child's Name _____ Male/Female _____ Birthday ____/____/____

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent Information: Married Single Separated Divorced

Mother's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Mother's Address (if different from child's home address)

Father's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Father's Address (if different from child's home address)

Schedule and Monthly Tuition Schedule:

Monday through Friday 8:45-2:00- \$675.00

Extended care: Monday through Friday- 7:30-5:30- \$725.00

There is a \$50 non-refundable fee due each year with the submission of the Enrollment Application. Please make checks payable to Sonshine Preschool.

KINDERGARTEN DIRECTOR USE

CHK #:

AMOUNT:

BANK:

NOTES:

As the parent/guardian, I understand that I need to report any changes to the information listed on this form, to ensure that Sonshine Preschool and Kindergarten is able to reach me for the placement of my child in kindergarten. Failure to report information changes may result in removal from the wait list if I cannot be reached by what was provided on this form.

X _____
Signature Printed Name Date

This school "is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."