



Office Use Only	
Check # _____	Amount _____
Entrance Date _____	
Withdrawal Date _____	

PERSONAL RECORD

Date: _____

FULL TIME

PART TIME *

*Part-Time Application must be attached

LOCATION: KIRKWOOD DECATUR FIRST AVAILABLE

CHILD'S NAME:
(IF KNOWN)

AGE:

DATE OF BIRTH:

DUE DATE:

MALE FEMALE

CHILD'S HOME ADDRESS:
(Street)

CITY:

STATE:

ZIP:

HOME PHONE:

CHILD'S LIVING
ARRANGEMENTS:

PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 BOTH OTHER

CHILD'S LEGAL
GUARDIAN(S):

PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 BOTH OTHER

DESIRED START DATE:

ALTERNATE START DATES:

DOES CHILD HAVE SIBLING(S) CURRENTLY AT SOULSHINE PRESCHOOL: YES NO
OR ALSO APPLYING? YES NO

IF YES, WHAT ARE SIBLING(S) NAMES: _____

NAME OF PUBLIC OR PRIVATE SCHOOL CHILD ATTENDS (if any): _____

PARENT/GUARDIAN INFORMATION

(PLEASE NOTE THAT BOTH PARENTS MUST BE LISTED IF THEY HAVE CUSTODIAL RIGHTS)

PARENT / GUARDIAN 1:

FULL NAME:

HOME ADDRESS:

(if different from child's)

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

HOME EMAIL
ADDRESS:

PLACE OF
EMPLOYMENT:

EMPLOYER STREET
ADDRESS:

EMPLOYER CITY:

STATE:

ZIP:

WORK PHONE:

WORK EMAIL
ADDRESS:



PERSONAL RECORD p2

CHILD'S NAME: _____

PARENT / GUARDIAN 2:

FULL NAME: _____

HOME ADDRESS: _____
(if different from child's)

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

HOME EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER STREET ADDRESS: _____

EMPLOYER CITY: _____ STATE: _____ ZIP: _____ WORK PHONE: _____

WORK EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? FRIEND/NEIGHBOR SOULSHINE PARENT DRIVE-BY INTERNET SEARCH
 PRINT AD AFTERSCHOOL BUS OTHER _____

\$100 non-refundable annual registration fee per child is required (August)
\$300 non-refundable supply fee per child is required (March)