



Sunshine Club Registration Form

Extended Childcare Program for 3 to 10-year-old children

Date of application: _____

Child's name: _____ DOB: _____

Sibling's name (if care needed) _____ DOB: _____

Parent name(s): _____

Mailing Address: _____

Phone #'s: _____ Email: _____

Special Needs and/or Allergies? _____

Days/times childcare needed:

please be as specific as possible

Hours of operation are 7:00 a.m. to 6:00 p.m.

Rate: \$3/hr

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____