

Julia Willette, Preschool Director

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Hope Community and Sonshine Preschool

755 Trademark Drive

Reno, NV 89521

www.sonshinereno.org



ENROLLMENT APPLICATION 2023 - 2024

2 Year Old Class

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)

DESIRED SCHEDULE/TUITION (please select ONE option):

PRESCHOOL ONLY (7:30-1:00):

- () 2 days (T/TH) = \$144.00 per week
- () 3 days (M/W/F) = \$174.00 per week
- () 5 days (M-F) = \$204.00 per week

PRESCHOOL WITH EXTENDED CARE (1:00-5:30)

- () 2 days (T/TH) = \$164.00 per week
- () 3 days (M/W/F) = \$194.00 per week
- () 5 days (M-F) = \$254.00 per week

PRESCHOOL ADMIN USE

Date Received:

____ / ____ / ____

Start Date:

____ / ____ / ____

Registration Fee Charged/Paid _____

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 is able to reach me for the placement of my child in the preschool. 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