



Sonrise Pre-School & Kindergarten
18015 Prairie Ave
Torrance, Ca 90504
(310) 214-9141 Fax (310) 214-2386



STUDENT APPLICATION

Please complete form & return with \$125.00 non-refundable application fee.

Child's Name _____

Nickname _____

Sex _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Parent's/Guardian's Name _____ *Dr./Mr./Mrs./Ms.*

Home Phone _____ Home Address _____

Cell Phone _____

Place of Employment _____ Work Phone _____

Occupation _____ Email Address _____

Parent's/ Guardian's Name _____ *Dr./Mr./Mrs./Ms.*

Home Phone _____ Home Address _____

Cell Phone _____

Place of Employment _____ Work Phone _____

Occupation _____ Email Address _____

Marital status of parent's _____

Does child live with both parents? Yes [] No [] If no, with whom? _____

Names and ages of children in family _____

Who besides immediate family, resides in the home? _____

Language(s) spoken in the home? _____

General health conditions? _____

Does your child have any allergies? Yes [] No [] Specify _____

Does your child take naps? Yes [] No [] How long? _____

Methods of home discipline? _____

What time does your child go to bed at night? _____

Please describe your child's personality, characteristics, interests and any special needs.

What goals do you have for your child while in preschool?

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

FOR OFFICE USE ONLY

Application Received _____

Registration Fee _____