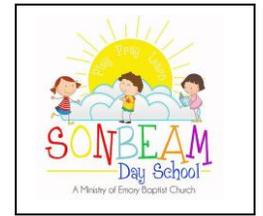


Emory Baptist Church
260 N. Planters
PO BOX 248
Emory, TX 75440
903-473-3357
903-473-3932 (FAX)
www.emorybaptist.org



Sonbeam Day School Student Enrollment Application

Requirements for Enrollment:

- Meet the Director if you have any questions.
 - Monthly Tuition (**\$200 for one child, \$185 for second child**)
 - Registration Fee (**\$35 and is non-refundable**)
 - Snack Fee (**\$50 one-time fee**)
 - Completed Application: (forms attached)
 - Health Inventory Complete
 - Emergency Forms Complete
 - Immunizations Record (copy)
 - Birth Certificate (copy)
- *Age of child by September 1st of current school year (2026-2027), determines class placement in respective program.
- FOR GUARDIANS: Copy of Legal Custody Documentation
 - Pledge of Acceptance Signed – Indicating that you have read and agree with the Student Handbook Terms and Policies.
- (Student handbook can be found online at www.emorybaptist.org click on the Sonbeam link.)

What you should know:

- Tuition is due on the first school day of each month.
- Full tuition is due each month regardless of number of days attended.
- Sonbeam Day School is in session on Tuesdays and Thursdays.
- School hours are 7:45 AM until 3:00 PM on Tuesdays and Thursdays.
- Two-year-olds should be working on toilet training before the start of school.
- Three-year-olds should be potty-trained before the start of school

As a courtesy to our staff:

- Please bring students between 7:45-8:00 AM.
- Finish breakfast before coming to school.
- Keep toys and “extras” at home.
- Please pick up students between 2:45-3:00 PM.
- Keep sick children home. Children should be 24-hours free of fever without the use of fever reducing medicine, vomiting, and/or diarrhea before returning to school.

At the end of July, you will receive the school supplies list and an invitation to our Meet-the-Teacher event. If you have questions or need to contact Sonbeam throughout the summer, feel free to email us at cecily.kirby@emorybaptist.org

Sonbeam Day School Student Enrollment Application 2026-2027

My child will be ____12-23 months ____2 yrs old ____3 yrs old ____4 yrs old by September 1, 2026.

CHILD INFORMATION

Child's Name	Nickname	Date of Birth
Address	Home Phone	Gender: MALE / FEMALE
Mailing Address: (if different from physical)		
City/state/zip		
Child Primarily lives with: BOTH PARENTS / MOTHER / FATHER / GUARDIAN		

PARENT / GUARDIAN INFORMATION (Primary Contact listed first)

Parent/Guardian Name		Parent/Guardian Name	
Address		Address	
City/State/Zip		City/State/Zip	
Home phone	Cell phone	Home phone	Cell phone
Employer		Employer	
Employer address		Employer address	
Employer phone	Ext.	Employer phone	Ext.
Personal Email		Personal Email	

OTHER CHILDREN IN HOME

Name	age

ADDITIONAL INFORMATION:

Does your family actively attend church? YES / NO If Yes, where?

Is Father a Christian? YES / NO Is Mother a Christian? YES / NO Is Guardian a Christian? YES / NO

Is your child fully potty trained? YES or NO (should be potty-trained before entering 3-year-old class)

T-Shirt Size (please size up to ensure that it will fit throughout the 2026-2027 school year): _____

Please describe your child's current school or childcare environment:

Emergency Contacts Authorized for PICK-UP:

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event the primary contact cannot be reached.

Please list all person's authorized to pick-up child, including parents/guardian of child, in addition to other family members and/or friends.

Everyone must provide a photo ID for PICK-UP

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Name:	What child calls Individual:
Home Number	Cell Number
Work Number	Relationship to Child
Home Address	

Medical Emergency Information:

Child Name: _____ DOB: _____

Parent/s Name: _____

Phone No. _____

For your child's benefit, please list and describe any chronic health conditions, physical/mental conditions, or any other special needs. Also list any serious illness/injury during the last 12 months:

Please list any medications prescribed for long-term continuous use:

Please list any known allergies:

Family/Child's Physician: _____ Phone: _____

Address: _____

Hospital/Clinic: _____ Phone: _____

Address: _____

Health Inventory

Disease History	Age of Onset	On Medication?	Disease History	Age of Onset	On Medication?
Asthma			Kidney Disorder		
Allergy			Rheumatic Fever		
Blood Disorder			Serious Accident		
Convulsions/Seizures			Surgery		
Diabetes			T.B. Contact		
Epilepsy			Hearing Loss		
Heart Disease			Vision Loss		
Fracture			Other:		

Is your child currently under treatment for any of the conditions listed above or any other medical condition? YES or NO
If yes, please explain:

In the event I cannot be reached to decide emergency medical attention, I authorize Sonbeam Day School staff to contact the person's listed above, and the named physician, hospital, and/or clinic to render such treatments deemed necessary for the welfare of my child. In the event the physician, persons named, or parents/guardians cannot be contacted, the SDS staff is authorized to take necessary action for the health and well-being of my child.

Parent/Guardian Signature: _____

Date: _____

Sonbeam Day School
PO BOX 248
260 Planters St.
Emory, TX 75440
Phone: 903-473-3357
FAX: 903-473-3932

2026-2027 School Year Photo Release Form

I understand that Sonbeam Day School may take photos and/or videos of program participants during the school year. Upon giving consent: Sonbeam students and/or participants photos and/or videos may be posted to Sonbeam's online social media page/s as well as but not limited to the hallways in the school.

Please check the correct box as to whether you DO grant or DO NOT grant permission for Sonbeam to use your child's photo and/or videos taken during School Day/Program Events, Field Trip, etc. to be posted on Sonbeam's online social media page/s or displayed.

(please print below)

I, _____ Parent/Guardian of

Child's name _____

Child's name _____

I DO grant permission

I DO NOT grant permission

Parent/Guardian Signature

Date

PARENT PLEDGE OF ACCEPTANCE:

For students to be admitted to Sonbeam Day School, parents or guardians must read and accept, by signature, the requirements and rules as outlined in the Sonbeam Student Handbook.

I have read the Student Handbook and accept the requirements and rules as stated.

Signature of parent/guardian: _____ Date: _____

Child's Name: _____

The student handbook can be found online at www.emorybaptist.org and clicking on Sonbeam Day School link.

