



**Sunshine Learning Center, Inc.,**  
**Toddler, Pre-School and After School Programs**

201-02-06 Linden Boulevard  
St. Albans, NY 11412

**(718)525-2154**

**sunshinecenter@aol.com**

**Fax (718) 525-5849**

Ms. M. Spencer, Director  
Ms. R. Green, Assistant Director  
"Together We Will Succeed"

**ADMISSION ENROLLMENT REQUIREMENT**

**Registration is ongoing throughout the school year**

**ALL required documents must be submitted prior to child's admittance. This includes:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Registration Form</b>             | <b>Supplies Fee \$</b> _____                    |
| <input type="checkbox"/> <b>Contract Agreement</b>            | <b>Tuition Rate \$</b> _____                    |
| <input type="checkbox"/> <b>Completed Medical</b>             | <input type="checkbox"/> <b>ACD \$</b> _____    |
| <input type="checkbox"/> <b>Copy of the Birth Certificate</b> | <input type="checkbox"/> <b>HRA \$</b> _____    |
| <input type="checkbox"/> <b>Copy of Immunization Record</b>   |   |
| <input type="checkbox"/> <b>Two Proofs of Address</b>         | <input type="checkbox"/> <b>Parent Handbook</b> |

- **Brooklyn Union Gas Bill**
- **Car Insurance**
- **Personal Check**
- **Driver's License**
- **Bank Statement**
- **Telephone Bill**
- **Con Edison Bill**

- EMERGENCY CARD**
- Dr.'s Note if Child does not drink milk**
- Parent SS #**
- Meal Form**
- Registration Fee \$120.00 (Non-Refundable)**
- Child's Evaluation Completed**

**Screener's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Fees Paid \$** \_\_\_\_\_

*Providing you with QUALITY childcare services.*