



Sunny Days Playgroup
117 Brookberry Circle, Chapel Hill, NC 27517

2025 Application Form

Thank you so much for considering Sunny Days Playgroup for your little one!

Please fill out this form to apply, and see the last page for information regarding the application fee. If you have any questions or concerns, or need assistance filling out this form, please let us know and we'd be happy to help!

Child's Name: _____
(First/Middle/Last)

Nickname (if applicable): _____

Birth Date: ____ / ____ / ____

Birthplace: _____

Childcare Needs (Please check all that apply):

Mornings:

- ☐ 2 days / week
- ☐ 3 days / week
- ☐ 4 days / week
- ☐ 5 days / week

Afternoons:

- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Drop-in
- ☐ None

How did you hear about Sunny Days?

References:

Information About the Family

Tell us a bit about yourselves!

Parent 1

Parent's Name: _____
(First/Middle/Last)

Home Phone: _____
Please fill this in as your main phone, even if a cell #!

Cell Phone: _____
How can we reach you on the go?

Work Phone: _____
How can we best reach you at work?

Email Address: _____

Home Address: _____

Occupation: _____
What do you do for a living, if applicable? If stay at home, just let us know!

Place of Work: _____
Where do you work? If not working, write "N/A".

Business Address: _____
If not working, write "N/A". If working from home, put down that address.

Parent 2

Parent's Name: _____
(First/Middle/Last)

Home Phone: _____
Please fill this in as your main phone, even if a cell #!

Cell Phone: _____
How can we reach you on the go?

Work Phone: _____
How can we best reach you at work?

Email Address: _____

Home Address: _____

Occupation: _____
What do you do for a living, if applicable? If stay at home, just let us know!

Place of Work: _____
Where do you work? If not working, write "N/A".

Business Address: _____
If not working, write "N/A". If working from home, put down that address.

Siblings

Name / Age / School / College / Other:

Information About Your Child

Tell us a bit about our little applicant!

Schools Attended (*Locations/Dates*):

Outside Activities:

Inside Activities:

Hours of Media Exposure:

(*TV/Video/Computers/Etc, Daily & on Weekends*)

Weekdays: _____

Weekends: _____

Please give us any information concerning your child which will be helpful in their experience in a small group setting! *This can include play, sleeping and eating habits, special fears, special likes or dislikes, etc.*

Medical Information

Describe General Health:

Any Known Allergies?

☐ No

☐ Yes

If yes, please specify: _____

Any Dietary Restrictions or Requirements?

☐ No

☐ Yes

If yes, please specify: _____

Any Medical Conditions?

☐ No

☐ Yes

If yes, please specify: _____

Application Fee & Signature

How would you like to pay the \$25 application fee?

☐ Check

☐ Venmo

☐ Other, please explain: _____

Please pay the application fee by check or Venmo, made out to Melanie Knox.

Checks can be mailed to:

Sunny Days Playgroup
117 Brookberry Circle
Chapel Hill, NC 27517

Venmo payments can be sent to: @Melanie-Knox-7

Parent's Name: _____ Date: ____ / ____ / ____

Parent's Signature: _____

For Administrative Use Only:

Received & Reviewed date: ____ / ____ / ____

Application Fee (\$25 - non-refundable) paid: ____ / ____ / ____

Melanie Knox
Sunny Days Playgroup