

Sunny Days Playgroup

Application for Enrollment 2025

* Indicates required question

1. Email *



2. Child's Name *

(First/Middle/Last)

3. Nickname

4. Birth Date *

Example: January 7, 2019

5. Birthplace *

Information About the Family

Tell us a bit about yourselves!

Parent 1:

6. Parent's Name *

(First/Middle/Last)

7. Home Phone *

Please fill this in as your main phone, even if a cell #!

8. Cell Phone *

How can we reach you on the go?

9. Work Phone *

How can we best reach you at work?

10. Email Address *

11. Home Address *

12. Occupation *

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

13. Place of Work *

Where do you work? If not working, enter "N/A"

14. Business Address *

If not working, enter "N/A". If working from home, put down that address

15. Siblings *

(Age/School/College/Other)

16. Is there another parent in the household? *

Mark only one oval.

Yes *Skip to question 17*

No *Skip to question 28*

Parent 2:

17. Parent's Name *

(First/Middle/Last)

18. Home Phone *

Please fill this in as your main phone, even if a cell #!

19. Cell Phone *

How can we reach you on the go?

20. Work Phone *

How can we best reach you at work?

21. Email Address *

22. Home Address *

23. Occupation *

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

24. Place of Work *

Where do you work? If not working, enter "N/A"

25. Business Address *

If not working, enter "N/A". If working from home, put down that address

26. Are the parents living together, divorced or separated? *

Mark only one oval.

Living Together

Divorced

Separated

Other: _____

27. If divorced or separated, who does the child primarily live with?

Mark only one oval.

- Parent 1
- Parent 2
- Other: _____

Information About Your Child

Tell us a bit about our little applicant!

28. Schools Attended *
(Locations/Dates)

29. Outside Activities *

30. Inside Activities *

31. Hours of Media Exposure *
(TV/Video/Computers/Etc, Daily & on Weekends)

Childcare Needs

Please select all that apply

32. Mornings *

⌵ Dropdown

Mark only one oval.

2 days / week

3 days / week

4 days / week

5 days / week

33. Afternoons *

Check all that apply.

Tuesday

Wednesday

Thursday

Drop-in

None

34. 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

35. Describe General Health *

36. Any Known Allergies? *
If so, specify

37. Any Medical Conditions? *
If so, specify

Other Information

38. How did you hear about Sunny Days? *

39. References: *

40. Do you agree to pay the \$25 application fee? *

Please pay 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](#)

Mark only one oval.

Yes

Other: _____

If you need more information or have any questions, please reach out!

You can reach me at my cell phone number: (919) 519-0332

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